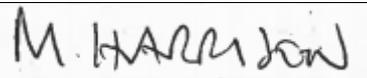
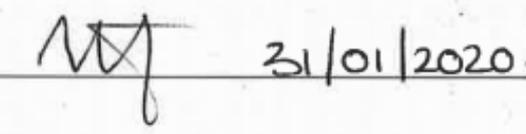




**TRUST POLICY AND PROCEDURE FOR THE
REMEDICATION OF MEDICAL AND DENTAL STAFF
(CAPABILITY)**

Reference Number POL-HR/2236/2015	Version: 2.0.0	Status FINAL	Author: Caroline Forman Job Title Improvement and Development Manager, Medical Director's Office	
Version / Amendment History	Version	Date	Author	Reason
	1	November 2015	Lorna Priestman, Associate Director	New policy to meet NHS England revalidation quality assurance requirements
	2	March 2019	Caroline Forman, Improvement and Development Manager, Medical Director's Office	Updated and amended Policy to reflect the merger of Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust.
Intended Recipients: All non training grade medical staff, HR Managers and Advisors, Clinical and Divisional / Business Unit Managers, Medical Appraisers, Medical Appraisal and Revalidation Group.				
Training and Dissemination: Communication via Flo, Briefings at: Appraisers Forum, HR Managers Meeting, Responsible Officer's Forum, Appraisal and Revalidation Group.. ,				
To be read in conjunction with:				
<ul style="list-style-type: none"> • Trust Medical Appraisal Policy to Support Revalidation for Non Training Doctors • Trust Dealing with Concerns Relating to Medical and Dental Practitioners, • Disciplinary of Medical and Dental Staff - Overarching Policy for University Hospitals of Derby and Burton NHS Foundation Trust 				

<ul style="list-style-type: none"> Health and Attendance Management Policy. 	
In consultation with and Date: Medical Workforce Committee Workforce Review Group Medical Advisory Committee Local Negotiation Committee	
EIRA stage One	Completed Yes / No
stage Two	Completed Yes / No
Procedural Documentation Review Group Assurance and Date	Joint Local Negotiating Committee –
Approving Body and Date Approved	Trust Operational Group
Date of Issue	March 2019
Review Date and Frequency	Every 3 years Extension agreed due to COVID, April 2022
Contact for Review	Caroline Forman, Improvement and Development Manager, Medical Director's Office
Executive Lead Signature	
Approving Executive Signature	

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TRUST POLICY AND PROCEDURE FOR THE
REMEDICATION OF MEDICAL AND DENTAL STAFF
(CAPABILITY)

1. SCOPE

This Policy and its supporting procedures cover all non-training grade practitioners employed by the University Hospitals of Derby and Burton NHS Foundation Trust (the Trust) including those on honorary contracts where they relate to the Responsible Officer (RO) for this Trust.

2. AIM

The Remediation of Medical and Dental Staff Policy aims to support the management of the performance of practitioners employed by the Trust and to define the remediation process for practitioners in difficulty.

It is designed to support practitioners for whom disciplinary action or referral to the General Medical Council (GMC) is not required and also support practitioners subject to notices on their registration.

The Policy aims to support all those involved in the remediation process of practitioners, including managers and medical staff.

3. POLICY DESCRIPTION

The Policy defines the remediation process for practitioners about whom there are concerns relating to their knowledge, skills, behaviour or health.

The Policy provides information to managers and medical staff about the Trust's remediation processes.

This Policy covers all non-training grade practitioners employed by the Trust and for whom the Trust is the Designated Body (DB) and in addition those on honorary contracts, whether employed on National or Trust Terms and Conditions, irrespective of their place of work.

4. INTRODUCTION

All practitioners have a responsibility to keep their knowledge, skills and competencies up to date. The Personal Development Plan (PDP) feeds into annual appraisals and is now mandatory for all practitioners and a key part of keeping up to date and fit for practice. However, a practitioner's performance is subject to a range of influences including their health, the systems they are working in, support available and the expectations placed upon them. All these factors need to be considered in situations where remediation is required.

Revalidation was launched on 3rd December 2012 and demands strengthened and consistent processes for appraisal, including feedback from colleagues and patients. As such, it is expected that the system will help to raise the quality of the medical workforce, by supporting practitioners to continually update their professional skills to

deliver a safe, high quality service to patients.

The processes required for Revalidation will inevitably identify some practitioners whose competence gives cause for concern and for who, in order for them to be revalidated, will require some form of remediation.

Remediation can arise as a result of many different issues. Consequently, “ ‘non-completion / failure to comply” with the remediation plan will result in many different outcomes ranging from :

- Restrictions to practice
- Exclusion from duty
- Retraining or re-specialising
- Working at a lower grade
- Specialist careers advice
- Disciplinary
- Negotiated settlement
- Retirement (early age)
- Referral to GMC

5. POLICY OBJECTIVES

- The remediation process is clearly defined to address concerns about a practitioner in relation to the knowledge, skills, behaviour and health of the practitioner
- Appropriate actions are taken immediately on any key issues of risk to patients, staff, the Trust and the practitioner themselves, particularly those that conflict with the GMC’s Good Medical Practice guidance
- The RO will have sufficient information following any remediation process to enable them to make a decision in relation to the recommendation of the practitioner to the GMC for Revalidation
- To reassure the Trust Board and the public that the Trust has fair and consistent processes for addressing performance concerns in practitioners employed by the Trust.

6. DEFINITIONS

Remediation

Remediation is the process of addressing performance concerns pertaining to a practitioner’s knowledge, skills and behaviours, that have been recognised through assessment, investigation, review or appraisal, in order 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

Reskilling is the provision of training and education to address an identified lack of knowledge, skills and application, so that the practitioner can demonstrate their competence in those specific areas.

Rehabilitation

Rehabilitation is the supervised period and activities for restoring a practitioner to independent practice, by overcoming or accommodating physical or mental health problems.

7. DUTIES / RESPONSIBILITIES

The Trust

The Trust is responsible for:

- Ensuring patient safety and for the provision of the highest quality of patient care
- Enabling its employees to meet the standard of performance expected of them. This includes identifying concerns and the provision of structures and processes to enable effective remediation to occur in line with local and national guidance
- Maintaining confidentiality and to ensure fairness for the individual. However, it may be necessary to breach confidentiality where there are concerns about patient or public safety
- Ensuring that those involved in the remediation process are adequately trained with an effective quality assurance process in place.

Responsible Officer (RO)

The Executive Medical Director (EMD) is responsible for the role of RO for the Trust and:

- Has a duty to make recommendations to the GMC pertaining to the Revalidation of practitioners employed by the Trust
- Is ultimately responsible for the management of serious concerns including decisions involving external agencies such as referral to NHS Resolutions and / or the GMC.

Divisional Medical Directors / Clinical Directors (DMDs / CDs)

DMDs / CDs are responsible for:

- Developing and monitoring the remediation action plan
- Be clear about their recommendations, the objectives and the evidence they will expect to see, and the timescales by which they expect to undertake a review
- Utilising a range of support mechanisms and tools to assist the practitioner to achieve the objectives set out in the action plan. These will include Clinical Supervisors (CS), the Employee Assistance Programme, coaching and peer support.

Clinical Appraisal Lead

The Clinical Appraisal Lead is:

- Responsible for supporting the function of the RO in relation to the process of medical appraisal.

Appraiser

The appraiser is responsible for:

- Ensuring they are adequately trained and supported to undertake their role. In circumstances when an appraiser has concerns relating to patient safety or performance which has arisen within the appraisal discussion, the appraisal must be halted and the matter reported to the RO.

Clinical Supervisor (CS)

A CS will be allocated to a practitioner whose clinical skills or knowledge is giving cause for concern. As part of the remediation process, direct clinical supervision is unlikely to be necessary, but may be required occasionally. The CS will assist the practitioner with the formulation of a remediation action plan and will supervise the practitioner throughout.

Well Online (CiC) Confidential Care

The Trust works in partnership with CiC to provide the Confidential Care Programme a confidential service offering counselling, coaching, advice and support twenty four hours a day, seven days a week which is accessible for all Trust employees and their family members over the age of 18 and living in the same household.

The service includes:

- Telephone counselling
- Face-to-face counselling (six sessions)
- Legal advice
- Financial advice
- Consumer information
- Family and matrimonial advice
- Management guidance
- Online Employee Assistance Programme
- Access for dependents and partners.

Contact details are available through the Trust's intranet site or Human Resources (HR).

Mentor

A practitioner undergoing a remediation action plan will be offered the support of a mentor. The mentor will be an experienced practitioner and will provide personal support and assist with professional development. Mentoring is a developmental process and does not include formal supervision.

Coaching

Coaching is available to any staff member and provides a confidential safe environment where individuals can explore issues, enabling them to discover strengths, explore areas for development and learn from mistakes. The Trust has qualified coaches who are trained to listen and use questioning to facilitate thought and discussion.

There are many benefits to coaching, including increased motivation and commitment, improved decision making, greater self-awareness, and improved ability to deal with change, increased confidence and self-reliance.

Information is available on the Trust's intranet site or from Learning and Development.

Responsible Officer's Forum (ROF)

The purpose of the Trust's ROF is to discuss, advise and agree on actions required in response to concerns raised about an individual practitioner or group of practitioners however the issue is raised to the RO.

If the ROF decides the nature of the concern is such that it is appropriate to handle using this Policy they will inform the practitioner in writing of this decision and proceed as per the actions set out in this Policy. The ROF may, in some cases, delegate authority for managing the remediation process to the DMD or CD after taking into account the profile and details of the particular case.

The ROF will ensure the practitioner clearly understands the remediation process they are engaging with, including who they are accountable to and to whom they should report if they become aware that they are not making progress according to their agreed action plan.

General Medical Council (GMC)

The role of the GMC in Revalidation is closely linked to the output of the appraisal process. A recommendation will be made to the GMC by the RO about the practitioner's suitability for Revalidation. If the concern identified, whether relating to clinical performance, health or conduct, is so serious as to call into question the practitioner's licence to practise then the GMC's advice must be taken.

Practitioner

The duties and responsibilities of a practitioner are outlined in the GMC's Good Medical Practice.

The role of a practitioner is to protect and promote the health of patients and the public. This includes:

- Personal responsibility to keep professional knowledge and skills up to date
- Recognising and working within the limits of individual competence
- Working with colleagues in ways that serve patients' interests
- Protecting patients from harm posed by a colleague's conduct, performance or health.

The practitioner must actively engage with the process of any agreed remediation action plan.

The practitioner must make their defence organisation and any other employer aware if they are subject to the remediation action plan.

The practitioner should clearly understand the remediation process they are engaging with, including to whom they are accountable. They should report immediately to their

CS, DMD or CD if they become aware that they are not making progress as detailed in their agreed remediation action plan.

8. INFORMAL ACTION

Informal action would take the form of an informal discussion which should be on a one to one basis between the practitioner and normally their immediate clinical line manager i.e. CD or ACD. In the case of a concern relating to a DMD the meeting will be held with the EMD. A record of the meeting, together with any agreed actions, should be confirmed in writing to the practitioner, with a copy retained by the manager.

The purpose of informal action is to:

- Explore the extent to which a problem exists by citing specific examples, facts or incidents
- Outline the standards of satisfactory clinical performance required and clarify the shortcomings in reaching these standards
- Explore possible reasons for the shortcomings by listening to any explanations or statements made by the practitioner
- Discuss how the practitioner should seek to improve their clinical performance
- Consider what training or support may be provided
- Agree the time period in which to achieve the performance required, how this will be monitored and the period at which reviews will take place
- Explain next steps should the practitioner fail to make the necessary improvements in clinical performance.

Counselling may also be recommended at any point of the process.

9. INVOLVEMENT OF NHS RESOLUTION – PRACTITIONER PERFORMANCE ADVICE

At any stage, the Trust or practitioner(s) can make use of the services of NHS Resolution which includes:

- Immediate telephone advice, available 24 hours
- Advice, then detailed supported local case management
- Advice, then detailed NHS Resolutions practitioner performance assessment
- Support with implementation of recommendations arising from assessment.

Note: where the Trust is considering exclusion or restriction from practice NHS Resolutions **must be notified**, so that alternatives to exclusion can be considered.

A practitioner undergoing assessment by NHS Resolution must co-operate with any request from NHS Resolutions to give an undertaking not to practice in the health service or private sector other than their main place of employment until the assessment is complete.

Failure on the part of either the practitioner or the Trust to co-operate with a referral to NHS Resolutions may be seen as evidence of a lack of willingness to resolve performance difficulties. If the practitioner chooses not to co-operate with such a referral, and an underlying health problem is not the reason, disciplinary action may need to be taken under the Trust's Disciplinary Policy for Medical and Dental Staff.

10. MAIN POLICY

Action when a Concern Arises

The Trust will offer early intervention when concerns are raised about the capability, conduct or health of a practitioner, with the aim of providing remediation, reskilling and / or rehabilitation.

Concerns must be dealt with promptly, ensuring that patient safety takes priority.

Where a remediation action plan is agreed, every effort will be made to adhere to the action plan timelines.

Unfounded and malicious allegations can cause lasting damage to a practitioner's reputation and career. Therefore, all allegations or concerns raised by colleagues must be properly investigated through the Trust's Dealing with Concerns Relating to Medical and Dental Practitioners Policy to verify the facts to ascertain whether the allegations are true.

Should the allegations be found to be untrue and / or malicious, disciplinary action may be taken against the individual making the malicious or false report.

All staff involved will be offered support through the Occupational Health (OH) Support Services.

This Policy applies to any situation where concerns are raised about a practitioner's performance or specific aspects of their performance, including:

- Self-declaration of a remedial need. Clarity is required on the boundary between a (PDP) need and a remedial need. Needs which highlight risks to patient and colleague safety should be prioritised over other PDP needs
- Practitioners for whom a specific deficiency in performance has been identified through patient or colleague feedback, as part of their Revalidation process
- Concerns expressed by other NHS professionals, managers, junior doctors and non-clinical staff
- Review of performance against job-plans and annual appraisal
- Monitoring of data on performance and quality of care
- Clinical governance, clinical audit and other quality improvement activities
- Concerns relating to a practitioner's performance identified during investigation of Serious Incidents or ACEs
- Complaints by patients or relatives of patients
- Practitioners for whom the need for remediation has been identified through a formal disciplinary or fitness to practise procedure
- Practitioners returning to work following a temporary period of exclusion.

The EMD / RO for all Designated Bodies (DBs) included in the practitioner's scope of practice should be informed of any concerns or actions in place. If the concern is raised outside of a practitioner's DB, the EMD of that DB has a responsibility to inform the practitioner's EMD / RO in writing.

When a concern has been raised about a practitioner's performance, the EMD and the Executive Director of Workforce and Organisational Development (EDWOD) will lead the process.

If the concern is low-level and does not affect patient safety, the EMD and the EDWOD may decide to handle it informally through discussion with the practitioner. This will be followed by written confirmation to the practitioner of what has been agreed, a copy of which will be held in the practitioner's personal file. Practitioners are expected to reflect on such agreements in their annual appraisal.

If the concern is high-level, if it involves patient safety, or if there have been repeated low-level concerns, the EMD will appoint a Case Investigator to take it forward. The EMD should also review information relating to quality and performance, audits, adverse incidents and serious incidents (SIs), patient feedback, complaints and claims and any other relevant data. This wide-range of information will help inform the EMD's decision on further action, options of which include:

- Informal handling of the concern with reference in annual appraisal
- Formal handling with a remediation action plan
- Restriction of practice pending completion of action plan
- Temporary exclusion from work (with NHS Resolutions advice)
- Local disciplinary action
- Referral to the GMC.

The EMD may, if necessary, place restrictions on a practitioner's practice pending further investigation or completion of a action plan of remediation.

The EMD should inform the practitioner in writing of the decision taken. If the EMD has decided that it can be handled through annual appraisal, they are responsible for sharing information about the area of concern with the practitioner's appraiser. Where an action plan for remediation has been agreed, there should be clear arrangements to monitor progress with regular reporting to the EMD.

The Trust would wish to work together with a practitioner requiring remediation and would expect that any study or professional leave should be used towards the process of remediation and that SPA time should also contribute towards that process. In exceptional cases, where there are costs outside of the Trust, the Trust would expect to come to an agreement with the practitioner about the funding of those costs. Each case would be considered on the needs of the individual practitioner and his / her circumstances, and the Trust would consider paying reasonable costs.

The Trust must ensure that patient safety is put first at all times and appropriate supervision and checking of progress against the remediation action plan must take place by the practitioner's line manager on an agreed basis. If the practitioner fails to achieve satisfactory progress against the remediation action plan, the Trust will seek advice from the GMC and / or NHS Resolutions.

The Trust should ensure that other organisations that employ the practitioners are kept informed of progress against the remediation action plan.

Practitioners undertaking an action plan of remediation should be offered a mentor to provide support throughout the course of the remediation programme. If a practitioner is

being remediated the process will set objectives and whether they return to the original job plan will depend upon the outcome.

Remediation Action Planning

In many cases, remediation will only apply to part of a practitioner's practice. The EMD or nominated deputy will decide whether it is appropriate for the practitioner to continue their whole range of duties during the period of remediation or whether it would be more appropriate to focus on the area of remediation. For example, if it is agreed that the practitioner will visit another site for a period of time to develop a specific skill, it may be impractical for them to perform their normal duties at their usual place of work at the same time.

Formulating the Action Plan

The EMD or nominated deputy should identify in writing the areas of remedial need, and the practitioner should confirm that they recognise them and agree to work with the Trust to address them. The training needs highlighted in the action plan should be integrated into the practitioner's personal development plan (PDP) through the annual appraisal process and prioritised against other training needs.

The EMD or nominated deputy should allocate a CS to the practitioner and discuss with them the training needs identified through the remediation process.

The CS should support the practitioner in developing an action plan to meet the identified needs, including specific objectives that are measurable with timelines for achievement. The action plan should be discussed with the EMD or nominated deputy and the DMD / CD and then agreed in writing with the practitioner. A Remediation Action Plan template is included in Appendix B.

The EMD or nominated deputy should meet with the CS and the practitioner at the start of the implementation of the action plan, and then at regular intervals to ensure satisfactory progress.

If it is not possible to agree an action plan, the EMD and [EDWOD](#) will consider seeking advice from the GMC and / or NHS Resolutions. Ultimately, the Trust reserves the right to insist on a practitioner undertaking remedial education or training which is considered essential as part of the conditions for continued employment.

Royal Medical Colleges are responsible for standard setting for their specialty. At the request of the EMD, a review may be invited from the appropriate College to assist and advise with the process of remediation. Such a review will require a contractual agreement between the College and the Trust to cover indemnity and funding arrangements.

Once the action plan has been agreed and signed, failure to evidence sufficient progress as agreed and / or lack of compliance will be handled if necessary through the Trust's Disciplinary Policy.

Progress and Completion

The EMD or nominated deputy should receive written evidence of progress against the action plan from the CS on a regular basis. The practitioner should be encouraged to

keep a reflective log of their progress with the action plan and to submit this as part of their evidence.

It may be necessary to defer the practitioner's annual appraisal until measureable progress is being made, although the value of annual appraisal and the opportunity for reflective conversation with a colleague should be recognised by all parties in any remediation process.

Once the remedial training is completed, the practitioner and CS should complete the "Sign Off" section in the Remediation Action Plan, confirming that the objectives have been met. The signed off action plan should be sent to the EMD or nominated deputy and if it is deemed satisfactory, the EMD should report it as completed in his regular report to the People Committee.

After Remediation

When a practitioner has completed an action plan of remediation, the EMD must decide whether the practitioner is up to date and fit to practise and whether any on-going monitoring is required.

On satisfactory completion of the Remediation Action Plan, the practitioner will return to their normal duties. Completion of the action plan should be referenced in the practitioner's appraisal. A copy of the action plan and written evidence of its completion will be kept in the practitioner's personal file.

11. CONFIDENTIALITY

All Remediation Action Plan documentation and activity will be dealt with in confidence and evidence of progress or otherwise will be restricted to those who need access.

12. KEY REFERENCES

- Good Medical Practice, General Medical Council (GMC) 2006
- Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century, Government White Paper 2007
- Maintaining High Professional Standards in the Modern NHS, Department of Health 2005
- The Back on Track Framework for Further Training – Restoring Practitioners to Safe and Valued Practice, National Clinical Assessment Service (NHS Resolutions) 2010
- Tackling Concerns Locally – Report of the Working Group, DH2009
- Supporting Doctors to Provide Safer Healthcare – Responding to Concerns About a Doctor's Practice, NHS Revalidation Support Team March 2010
- Staying on Course – Supporting Doctors in Difficulty Through Early and Effective Action, NHS Employers June 2012.

13. ASSOCIATED DOCUMENTS

- Trust Medical Appraisal Policy to Support Revalidation for Non Training Doctors
- Trust Dealing with Concerns Relating to Medical and Dental Practitioners
- Disciplinary of Medical and Dental Staff - Overarching Policy for University Hospitals of Derby and Burton NHS Foundation Trust
- Health and Attendance Management Policy.

14. TRAINING

The Trust will ensure that managers, CSs and mentors involved in the remediation process have received appropriate training.

ISSUES AFFECTING A PRACTITIONER'S PERFORMANCE

A practitioner'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:

Skills and Knowledge Deficit - for example:

- A lack of training and education
- A lack of engagement with PDP and / or maintenance of performance
- A practitioner 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 Trust 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.

EXAMPLE - PRACTITIONER REMEDIATION ACTION PLAN

PART 1 – AGREEMENT

Name of Practitioner	
Grade	
Specialty	
GMC Number	
Address	
NHS Resolutions Case Number (where applicable)	

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 Programme Supervisor (CD) identified to oversee the programme is:

Name	
Job Title	

Name of Clinical Supervisor (CS)

Name	
Job Title	

3. Progress Review

The plan is expected to last (**add duration**) months. Progress will be formally reviewed by the Programme Supervisor and by the CS 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 the named practitioner will continue in practice or return to practice in the clinical post / area described below.

Post Title	
Broad Description of Post / Clinical Area	
Employer	

The (CD / DMD – 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 a reassessment of the objectives can be considered. A change of objective will only be agreed 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 procedures, referral to GMC) and / or a new final employment goal such as redeployment. These possibilities will be considered if, in the opinion of the CS, CD and DMD, 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 CD will inform the RO who may make a referral to the GMC.
4. If a failure to progress is related to sickness absence, it may be appropriate to defer the programme's completion date. The normal quota of annual leave may be taken during the period of the Remediation Programme, 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 OH Service unless seen as unnecessary in the opinion of the CD and CS. Reasons for not making an OH referral should be given and recorded.

Where the Trust's plan has been agreed (in addition to this programme for the individual practitioner) progress will be reported to the practitioner at review points. (Delete as necessary)

5. Agreement

This programme has been developed with the co-operation of all parties who are satisfied that the identified objectives reflect the issues identified in:

- The decision of the GMC when this body is involved and/or
- The assessment 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 this 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.

	Name and Organisation	Signature	Date
Practitioner			
Responsible Officer			
Clinical Director / Divisional Medical Director			
Clinical Supervisor			
Additional Participants as Necessary			

PART 2 - OBJECTIVES

Area to be Addressed:	
Specific Objective(s):	
How to be Achieved:	
Where:	
Supervisor(s):	
Resources Required: (including funding and provider of funding)	
Timescale:	
Milestones:	
Supportive Evidence	
Individual Responsible for Monitoring / Sign Off:	

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

PART 3 - REVIEW

OBJECTIVE 1		
Review Date:		
Clinical Supervisor Comments		
	Signed:	Date:
	Proposed Assessment of Progress: No Progress / Partial Progress / Objective Fully Achieved (delete as necessary)	
Practitioner Comments		
	Signed:	Date:
Clinical Director / Divisional Medical Director Comments		
	Signed:	Date:
	Agreed Assessment of Progress: No Progress / Partial Progress / Objective Fully Achieved (delete as necessary)	

Note – As in part 2, copy this block for each objective of the programme plan.

PART 4 - SIGN OFF

The signatures below confirm the completion of the remediation action 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.

	Name	Signature	Date
Clinical Supervisor			
	Final Comments		
Practitioner			
	Final Comments		
Clinical Director			
	Final Comments		

Other Parties Should Sign Here as Necessary:

	Signature	Date
Name		
Organisation		

ANNEXES

1. SUMMARY OF OBJECTIVES

OBJECTIVE 1	
Mechanism to Achieve Objective	
Where Education / Training will take Place	
Resource Requirement	
Named Person / Organisation to help Achieve the Objective	
Evidence Demonstrating that the Objective has been met	
Timescale to Achieve Objective	

Note – As in part 2, copy this block for each objective of the action plan

2. TIMETABLE SUMMARY

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Objective 1						

For each objective, identify start month, review month(s) and planned completion month.
Add more months if needed.

REMEDIATION ACTIONS FLOW CHART

