


TRUST POLICY FOR THE REMEDIATION OF MEDICAL AND DENTAL DOCTORS (CAPABILITY AND CONDUCT)

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	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.
	3	January 2023	Caroline Forman, Responsible Officer Support Manager / Mortality Review Assurance Support Manager	Updated policy.
Intended Recipients: All non training grade medical doctors, People Services Managers and Advisors, Divisional Medical Directors, Clinical Directors, Clinical, Divisional / Business Unit Managers, Medical Appraisers, Appraisal and Revalidation Group.				
Training and Dissemination: Communication via NET-i, Briefings at: Appraisers' Forum, People Services Managers' Meeting, Medical Responsible Officer's Forum, Appraisal and Revalidation Group.				
To be Read in Conjunction with:				
<ul style="list-style-type: none"> • GMC - Good Medical Practice • GDC – Standards for the Dental Team • Department of Health – Maintaining High Professional Standards in the Modern NHS 				

<ul style="list-style-type: none"> • NHS Just Culture Guide • NHSR Back on Track: A Good Practice Guide • Policy and Procedure for Health, Wellbeing and Attendance • Maintaining a Safe Environment (Incorporating the Management of Threatening Behaviours in the Workplace) Policy • Inclusion Policy - Overarching Policy • Disciplinary Policy – Overarching Policy • Inclusion Policy - Overarching Policy for University Hospitals of Derby and Burton NHS Foundation Trust • Medical Appraisal Policy to Support Revalidation for Non-Training Grade Doctors. • Equality Act 2010 • Dealing with Concerns Relating to Medical and Dental Doctors, • Policy and Procedure for Health, Wellbeing and Attendance. 	
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Executive Lead Signature	 James Crampton, Executive Medical Director

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TRUST POLICY FOR THE REMEDIATION OF MEDICAL AND DENTAL STAFF (CAPABILITY AND CONDUCT)

1. SCOPE

This Policy covers all non-training grade medical and dental doctors (hereafter referred to as doctors) 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.

Doctors in Training will follow Health Education England's procedures for remediation / training.

2. EQUALITY AND DIVERSITY

The Trust is committed to preventing discrimination, valuing diversity, and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

3. PURPOSE AND OBJECTIVES

This Policy aims to support the management of the performance of doctors employed by the Trust and to define the remediation process for doctors in difficulty.

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

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

4. DEFINITIONS

Term	Definition
Capability	<p>A doctor's ability to perform their work to the required standard (please see Appendix 1).</p> <p>Examples of concerns relating to capability may include:</p> <ul style="list-style-type: none">• Out of date clinical practice• Inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk

	<ul style="list-style-type: none"> • Incompetent clinical practice • Repeated inability to communicate effectively • Inappropriate delegation of clinical responsibility • Inadequate supervision of delegated clinical tasks • Repeated ineffective clinical team working skills.
Concerns	<p>A concern about a doctor's practice can be said to have arisen where an incident causes, or has the potential to cause, harm to a patient, staff or the Trust: or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Medical Good Practice (GMC 2006) or GDC Standards for the Dental Team.</p> <p>Minor concerns may be:</p> <ul style="list-style-type: none"> • Inability to communicate effectively • Poor timekeeping • Unauthorised absence from duty • Ineffective team working skills. <p>Significant concerns may be:</p> <ul style="list-style-type: none"> • A critical incident when serious allegations have been made • A break down in relationships between a doctor and all or a significant proportion of the medical team.
Conduct	The way doctors behave, their actions, and their attitudes.
Misconduct	Conduct which is unacceptable, and which may result in disciplinary action being taken. This will initially be a warning. However, if there is insufficient improvement, misconduct could ultimately result in dismissal.
Gross Misconduct	Conduct which indicates that the doctor no longer intends to be bound by their duties or destroys the trust and confidence the Trust must have in a doctor. Gross misconduct will normally result in dismissal.
Exclusion	<p>Exclusion from duties, either formal or immediate as set out in MHPS, with the employment relationship continuing, pending an investigation / outcome.</p> <p>NHSR and the Designated Board Member (DBM) must also be advised of any exclusion.</p>
Informal Action	Advice, support and guidance which should precede formal action in order to rectify minor faults in conduct, other than in cases of gross misconduct, or failure to perform at the required standard.
Rehabilitation	The supervised period and activities for restoring a doctor to independent practice, by overcoming or accommodating physical or mental health problems.
Remediation	The process of addressing performance concerns pertaining to a doctor's knowledge, skills and behaviours, that have been recognised through assessment, investigation, review or appraisal, in order that the doctor has the opportunity to return to safe practice. It is an umbrella term for all activities which provide help; from the simplest advice, through buddying, further training, reskilling and rehabilitation.

Restriction of Practice	Where it is necessary to temporarily amend or restrict the doctor's clinical duties.
Reskilling	Reskilling is the provision of training and education to address an identified lack of knowledge, skills and application, so that the doctor can demonstrate their competence in those specific areas.

5. KEY RESPONSIBILITIES

Role	Responsibility
The Trust	<ul style="list-style-type: none"> • Ensure patient safety and the provision of the highest quality of patient care • Enable 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 and rehabilitation to occur in line with local and national guidance • Responsible for ensuring that all doctors have the opportunity to revalidate and will therefore support doctors in following the appropriate remediation process and programmes where there are concerns that the standards required for revalidation may not be met • Offer early intervention when justifiable concerns emerge over the capability, conduct or health of a doctor, with the aim wherever possible of remediation, re-skilling or rehabilitation. All concerns should be dealt with quickly and appropriately. In all circumstances the safety of patients will be paramount and underpin any remediation programme • Maintain confidentiality and ensure fairness for the individual. However, it may be necessary to breach confidentiality where there are concerns about patient or public safety.
Chief Executive Officer (CEO)	The CEO has delegated authority to the Responsible Officer (RO) and the Responsible Officer's Forum (ROF) on a day-to-day basis to consider and determine the most appropriate course of action to be taken when concerns are raised about the conduct or capability of a doctor within the Trust.
Designated Board Member (DBM)	<ul style="list-style-type: none"> • A Non-Executive Director (NED) of the Trust appointed by the CEO in consultation with the Chairman to ensure that the processes set out in this policy are followed accordingly • The NED does not make decisions on any of the issues, such as whether or not to restrict or exclude a doctor from work. The NED will be the point of contact for the doctor under investigation.
RO / Executive Medical Director (EMD)	<ul style="list-style-type: none"> • Is accountable for the quality assurance of the appraisal and clinical governance systems in the organisation. • Responsible for investigating, monitoring and responding to concerns about a doctor's practice. Ensuring any follow-up action is taken, that comprehensive records are kept of all appraisals and for making recommendations for revalidation to the GMC.

Director of People Services Projects	<ul style="list-style-type: none"> • Ensure disciplinary appeal outcomes are monitored to ensure there is no bias in accordance with the Trust's Inclusion Policy and will provide support and advice to the RO when necessary.
Medical Appraisal Lead (MAL)	<ul style="list-style-type: none"> • Support the RO in the quality assurance and reporting arrangements for the medical appraisal system.
Medical Appraiser	<ul style="list-style-type: none"> • 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 via the MAL.
Divisional Medical Directors / Clinical Directors (DMDs / CDs)	<ul style="list-style-type: none"> • Utilise a range of support mechanisms and tools to assist the doctor
Medical Responsible Officer's Forum	<ul style="list-style-type: none"> • An advisory group of both clinical and non-clinical membership which will meet to consider any concerns raised involving doctors informed by the aforementioned individuals, in order to establish the level of concern and recommend appropriate intervention and resolution to include whether or not more serious investigation, restriction to / exclusion from practice, is required • Provide assurance that measures are in place to effectively manage and resolve all known performance concerns for medical staff and demonstrate that any on-going concerns are being appropriately monitored and reviewed on a regular basis • Provide consistent advice and guidance to Case Managers (CMs) • If the ROF decides the nature of the concern is such that it is appropriate to handle using this Policy they will inform the doctor 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. <p>The ROF takes place on alternate weeks. However, where a decision to restrict or exclude the doctor has been reached an extraordinary ROF will be convened within 48 hours.</p> <p>See Appendix 1 for Terms of Reference for ROF.</p>
NHS Resolution (NHSR)	An arm's-length body of the Department of Health and Social Care. They provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care.
General Medical Council (GMC) - Medical Doctors Only	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 doctor'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 doctor's licence to practise then the GMC's advice must be taken.

General Dental Council (GDC)	<p>The GDC can look into serious concerns about the ability, health or behaviour of a dental professional that suggest the professional could:</p> <ul style="list-style-type: none"> • Cause significant harm to patients • Cause significant harm to colleagues or the general public • Undermine public confidence in the dental profession.
Case Managers (CM)	<p>A suitably appointed Medical officer, who has responsibility for overseeing investigations into concerns about a doctor. This will normally be the clinical manager unless there is clear conflict in the role</p>
Case Investigators (CI)	<p>Appointed by the CM who holds responsibility for carrying out a formal investigation into concerns about a doctor. The CI must carry out appropriate and thorough investigation of the concerns as specified in the Terms of Reference issued by the CM.</p>
Doctors	<ul style="list-style-type: none"> • Ensure that they are able to demonstrate, through the appraisal process, that they meet the GMC'S Good Medical Practice Standards / GDC'S Standards for the Dental Team • If remediation is necessary 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
Well Online (CiC) Confidential Care	<p>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.</p> <p>The service includes:</p> <ul style="list-style-type: none"> • 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. <p>Contact details are available through the Trust's intranet site or People Services (PS).</p>
Coaching	<ul style="list-style-type: none"> • 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-

	<p>awareness, and improved ability to deal with change, increased confidence and self-reliance</p> <ul style="list-style-type: none"> • Information is available on the Trust’s intranet site or from Learning and Development.
Clinical Supervisor (CS)	<ul style="list-style-type: none"> • Allocated to a doctor 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 doctor with the formulation of a remediation action plan and will supervise the doctor throughout.
Buddying	An experienced doctor and will provide personal support and assist with professional development.

6. IDENTIFYING CONCERNS

A stop the clock moment should take place prior to cases being discussed at ROF using the Just Culture decision making process (Appendix 5).

Concerns about a doctor’s performance may be raised at any time and should be dealt with promptly. These may be of a varied nature (see Appendix 1- although this list is not exhaustive).

A need for remediation might emerge through appraisal, formal 1-1s and / or by a clinical governance process including investigation and ensuing competency or disciplinary action or there might have been regulatory, NHR or Royal College performance assessment or review.

Where concerns do arise through the appraisal process, both the appraiser and the appraisee need to recognise that as registered medical doctors they must protect patients if they believe that a colleague’s health, conduct or performance is a potential risk to patient safety. If, as a result of the appraisal process, the appraiser believes that the activities of the appraisee are such as to put patients at risk, then the appraisal should be stopped and the matter referred to the RO. This would happen only on the rarest of occasions. However a doctor’s appraisal for revalidation has to take place annually, arrangements should therefore be made as quickly as possible for the appraisal to be re-scheduled.

A concern about a doctor’s practice can arise where a known issue or an incident causes or has the potential to cause harm to either a service user, staff member or the organisation; or where a doctor develops patterns of repeating mistakes in a manner inconsistent with Good Medical Practice. There will be different levels of the concerns identified and not all will need or require formal investigation, restriction to / exclusion from practice or lead to a disciplinary sanction. In fact, the vast majority of concerns will be low level in nature and will be dealt with in a supportive manner, using reflective practice. Please consider that some concerns will have to be managed in line with this and other relevant Trust policies and procedures.

A situation may arise from a doctor having significant career / organisational break or other absence from practice. For example, this might have arisen through suspension/exclusion, a change in career path, ill health, maternity leave, carers leave or other types of statutory leave, or a period working outside the NHS or the UK. Whether a break is significant will be a matter for judgement by the RO (absence from practice for 6 months or more is a reasonable guide).

Following discussion at ROF, where a decision is made that remediation is not deemed suitable or where remediation does not resolve the issue then MHPS will be followed.

Completing remediation is the responsibility of the doctor. They must understand what they need to achieve, the timescale and the methods involved so that they will be able to demonstrate that they successfully completed the remediation programme developed for them with support / supporting resources and also agree with the plan.

The following principles of best practice build on the experience of the NHSR and and full adoption of the Back on Track: A Good Practice Guide - [Back-on-Track-Good-Practice-Guide-2010.pdf \(resolution.nhs.uk\)](https://www.resolution.nhs.uk/back-on-track-good-practice-guide-2010.pdf). The principles and practical considerations to implement a step-by-step process for remediation, re-skilling and/or rehabilitation are outlined below:

Step 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 (advice and guidance is available from the Director of People Services Projects). Please also refer to NHSR Back on Track document.

Concerns may be identified through a review of (this is not an exhaustive list):

- Any recent performance investigation report
- The doctor's job plan and or contract compared with current service requirements
- Most recent appraisals
- Advice from Occupational Health
- The doctors confidence levels and expressed development needs

Step 2 - Draft an Action Plan

Draft an outline plan setting out what can be done to address the identified needs. This outline can then inform discussions about decision making around engagement, reasonableness, proportionality, practicability and resourcing and should be discussed with the doctor at the earliest opportunity. The template for a Doctor Action Plan (Appendix 2) can be used for this purpose.

The outline plan should address:

- Areas of concern
- Possible interventions
- Resources needed
- Potential support
- Timeframes
- Sources of evidence/information needed to demonstrate progress
- The role to which the doctor will return if the programme demonstrates that the identified concerns have been addressed
- The implications for the doctor if concerns are not addressed

The doctor should be encouraged to share the outline plan with a professional representative at an early

stage.

Where possible, interventions should be developmental, providing the doctor with constructive feedback to encourage reflection and build insight into the ways in which practice and performance can change.

Some of the interventions that might be considered include:

- Supervised practice
- Work based assessments (eg mini clinical evaluation exercises, simulation)
- Educational activities (eg Tutorials, courses, e-learning)
- Specialists interventions (eg coaching, counselling, cultural competence)
- Doctor support (eg buddying, career guidance)

Step 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 action plan. The CD and RO (with advice from the Director of People Services Projects) should consider if it is reasonable to commit to the remediation plan.

The doctor should be strongly advised to talk the options through with an experienced and independent adviser.

Once agreed in principle and while a programme is still being finalised, the doctor could be encouraged to participate in non-clinical learning activities for example, behavioural coaching, CPD, audit etc, which could 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. Options may include:

- Restrictions to practice to areas which do not cause concern
- Retraining or re-specialising
- Working at a lower grade
- Specialist careers advice to help the doctor onto a more appropriate career path
- Capability/disciplinary procedures

Step 4 - Develop the Detailed Plan

Once there is agreement on the outline action plan, populate the Doctor Action Plan template to construct a detailed plan. An action plan is different to a Personal Development Plan (PDP). An action plan is an 'extraordinary' process relating to achieving specific learning outcomes directed by a third party. The action plan should include objectives, interventions, use of placements, milestones, supporting information / evidence, and actions to be taken if progress exceeds or falls short of expectations at specified review points.

NHSR may be referred to during the process for support and may provide specific parts of the assessment if appropriate, such as an assessment of behavioural concerns, communicative competences etc.

In drawing up the detailed plan the doctor's welfare should always be considered. Objectives should be

realistic and structured with timelines. Personal support, such as confidential buddying, counselling or occupational health should be made available or accessible to the doctor. Support may also be available from a defence organisation or professional association.

A remediation / reskilling / rehabilitation programme may take place wholly or partly at the doctor's usual workplace or might be arranged elsewhere. Remaining in the usual workplace will probably be the choice where working relationships remain good, where the team can absorb the additional workload and where an appropriate clinical supervisor can be found. Concerns raised through appraisal would normally be dealt with in this way, although a short period observing work in another organisation might be identified as a useful learning method.

Where further training at the doctor's usual workplace is not appropriate an external placement may be necessary. External placements offer a number of benefits:

- Objective monitoring and reporting
- Experience of different ways of clinical and non-clinical working
- Temporary removal from a difficult working environment
- Fewer organisational commitments for the doctor and more opportunity to focus on personal further training
- Practical demonstration of an organisations commitment to the remediation process.

The benefits of an external placement need to be balanced against resourcing external placements, the difficulty finding them and the difficulty they may create when the doctor re-enters the original workplace. Use of a placement agreement, based on the remediation plan, is recommended in setting out an external placement

Step 5 - Implement and Monitor

The doctor is responsible for completing the remediation programme with the relevant support / supporting resources. The Clinical Lead is responsible for following up the programme of appropriate.

Once an action plan has started there should be close monitoring and collection of evidence, as specified in the plan. The action plan template suggests a reporting structure for collecting feedback from clinical supervisors, specialist trainers as well as from the doctor who is expected to provide a portfolio of evidence supporting progress made. This will enable decisions to be made at the planned review points about whether objectives have been met and whether the programme should move on to the next milestone.

The monitoring process should involve regular meetings between the Clinical Lead, the clinical / educational supervisor and the doctor to measure progress formally against milestones. This will allow any lack of engagement with the process or lack of progress to be identified and dealt with quickly and effectively. This could include, if appropriate in the circumstance, rearranging activities, extending the deadlines, or potentially by early termination of the programme. If a programme is terminated early the matter should be referred to the RO and the policy on Maintaining High Professional Standards in a Modern NHS should be followed.

Step 6 - Complete the Programme and follow up Remediation Policy

If the concerns about the doctor's performance have been resolved, the Clinical Lead should agree arrangements for the doctor to return to practice in their substantive role under the terms agreed. If the progress intended has not been made, the matter should be referred to the RO and the policy on Maintaining High Professional Standards in a Modern NHS should be followed.

The outcome should be confirmed in writing to all parties including the doctor and any external stakeholders such as regulators or NHSR.

7. INVOLVEMENT OF NHSR

At any stage, the Trust or doctor(s) can make use of the services of NHSR which includes:

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

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

A doctor undergoing assessment by NHSR must co-operate with any request from NHSR 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 doctor or the Trust to co-operate with a referral to NHSR may be seen as evidence of a lack of willingness to resolve performance difficulties. If the doctor 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.

8. 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.

ISSUES AFFECTING A DOCTOR’S PERFORMANCE

A doctor’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	<ul style="list-style-type: none"> • A lack of training and education • A lack of engagement with PDP and / or maintenance of performance • A doctor trying to take on clinical work that is beyond their current level of skill and experience.
Conduct	<ul style="list-style-type: none"> • Poor / inappropriate communication with patients • Poor / inappropriate communication with colleagues • Poor / inappropriate communication with management • Conflicting / inappropriate management styles • Failure of / unresponsive to collaborative working • Antagonistic leadership style • Deliberate disruptive behaviour eg inappropriate actions / inactions particularly those that have the potential to impact upon the overall delivery of patient care.
Concerns relating to Capability	<ul style="list-style-type: none"> • Lack of clinical knowledge, competence • Hesitance in / poor clinical decision making (including making a diagnosis) • Prescribing errors • Poor record keeping, not following guidelines, failing to work to policies and procedures. • Doctor’s own concerns • A doctor raises issues of concern about themselves, a colleague or an organisational matter.
Environment	<ul style="list-style-type: none"> • Organisational issues, including systems or process failures, lack of resources, such as poorly maintained equipment, inadequate secretarial support, computer equipment etc. unrealistic work demands, poor clinical management, poor support and substandard working environments.
Health Concerns including Capacity and / or Capability	<ul style="list-style-type: none"> • Physical and mental health concerns eg depression, hypomania, anxiety, stress and exhaustion / burnout • Substance, alcohol misuse • Indicators of cognitive impairment • Decrease in manual dexterity • Sight or speech impediment • Long term health conditions • Disability • Illness during pregnancy
Probity	<ul style="list-style-type: none"> • Boundary issues • Altering clinical records • Conflicts of interest.
Criminal Behaviour	<ul style="list-style-type: none"> • Falsifying expenses • Theft • Assault.

EXAMPLE - DOCTOR REMEDIATION ACTION PLAN PART 1 –

AGREEMENT

Name of Doctor:	
Grade:	
Specialty:	
GMC / GDC Number:	
Address:	
NHSR Case Number: (if applicable)	

1. Purpose

The purpose of this plan is for the doctor named above to address the performance concerns identified by the Trust.

2. Roles and Responsibilities for Management of this Plan

The Clinical Lead overseeing the action plan is:

Name:	
Job Title:	

Name of Clinical Supervisor (CS) (if relevant) :

Name:	
Job Title:	

The Educational Adviser is:

Name	
Job title	
Organisation	

Note – use where there is a college, deanery or other educational adviser

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 doctor should be able to demonstrate satisfactory and incremental progress throughout the programme and continuing ability to reflect and learn from their own and their colleagues' practice.

4. Post to which the Doctor is likely to Return

On successful completion of the plan it is proposed that the named doctor 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 (Clinical Lead – **(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/ GDC)** 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 doctor 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 / GDC.
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 Occupational Health (OH) 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 doctor) progress will be reported to the doctor at review points.

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 / GDC when this body is involved and / or
- the assessment report and recommendations for NCAS cases 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
Doctor:			
RO:			
Clinical Lead:			
CS:			
Additional Participants Necessary: as			

PART 2 - OBJECTIVES

Objective 1

Area to be Addressed:	
Specific Objective(s):	

How to be Achieved:	
Where:	
Supervisor(s):	
Resources Required: <i>(including funding and provider of funding)</i>	
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

OBJECTIVE 1		
Review Date:		
CS Comments:		
	Signed:	Date:

	Proposed Assessment of Progress:	
	No Progress / Partial Progress / Objective Fully Achieved <i>(delete as necessary)</i>	
Doctor Comments:		
	Signed:	Date:
CD / DMD Comments		
	Signed:	Date:
	Agreed Assessment of Progress:	
	No Progress / Partial Progress / Objective Fully Achieved <i>(delete as necessary)</i>	

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 doctor, 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:
CS:			
	Final Comments:		
Doctor:			
	Final Comments:		

CD:			
	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.



A just culture guide

Supporting consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents

This guide supports a conversation between managers about whether a staff member involved in a patient safety incident requires specific individual support or intervention to work safely. Action stippling out an individual is rarely appropriate – most patient safety issues have deeper causes and require wider action. The actions of staff involved in an incident should not automatically be examined using this just culture guide, but it can be useful if the investigation of an incident begins to suggest a concern about an individual's action. The guide highlights important principles that need to be considered before formal management action is directed at an individual staff member.

An important part of a just culture is being able to explain the approach that will be taken if an incident occurs. A just culture guide can be used by all parties to explain how they will respond to incidents, as a reference point for organisational risk and incident reporting policies, and as a communication tool to help staff, patients and families understand how the appropriate response to a member of staff involved in an incident can and should differ according to the circumstances in which an error was made. As well as protecting staff from unfair targeting, using the guide helps protect patients by removing the tendency to treat wider patient safety issues as individual issues.

Please note:

- A just culture guide is not a replacement for an investigation of a patient safety incident. Only a full investigation can identify the underlying causes that need to be acted on to reduce the risk of future incidents.
- A just culture guide can be used at any point of an investigation, but the guide may need to be revisited as more information becomes available.
- A just culture guide does not replace HR advice and should be used in conjunction with organisational policy.
- The guide can only be used to take one action (or failure to act) through the guide at a time. If multiple actions are involved in an incident they must be considered separately.

Start here - **Q1. deliberate harm test**

1a. Was there any intention to cause harm?

Yes Recommendation: Follow organisational guidance for appropriate management action. This could involve contact relevant regulatory bodies, suspension of staff, and referral to police and disciplinary processes. Wider investigation is still needed to understand how and why patients were not protected from the actions of the individual. **END HERE**

No go to next question - **Q2. health test**

2a. Are there indications of substance abuse? **Yes** Recommendation: Follow organisational substance abuse at work guidance. Wider investigation is still needed to understand if substance abuse could have been recognised and addressed earlier. **END HERE**

2b. Are there indications of physical ill health? **Yes** Recommendation: Follow organisational guidance for health issues affecting work, which is likely to include occupational health referral. Wider investigation is still needed to understand if health issues could have been recognised and addressed earlier. **END HERE**

2c. Are there indications of mental ill health? **Yes** Recommendation: Follow organisational guidance for health issues affecting work, which is likely to include occupational health referral. Wider investigation is still needed to understand if health issues could have been recognised and addressed earlier. **END HERE**

If **No to all** go to next question - **Q3. foresight test**

3a. Are there agreed protocols/accepted practice in place that apply to the action/omission in question? **If No to any** Recommendation: Action stippling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. **END HERE**

3b. Were the protocols/accepted practice workable and in routine use? **If No to any** Recommendation: Action stippling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. **END HERE**

3c. Did the individual knowingly depart from these protocols? **If No to any** Recommendation: Action stippling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. **END HERE**

If **Yes to all** go to next question - **Q4. substitution test**

4a. Are there indications that other individuals from the same peer group, with comparable experience and qualifications, would behave in the same way in similar circumstances? **If Yes to any** Recommendation: Action stippling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. **END HERE**

4b. Was the individual missed out when relevant training was provided to their peer group? **If Yes to any** Recommendation: Action stippling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. **END HERE**

4c. Did more senior members of the team fail to provide supervision that normally should be provided? **If Yes to any** Recommendation: Action stippling out the individual is unlikely to be appropriate; the patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. These actions may include, but not be limited to, the individual. **END HERE**

If **No to all** go to next question - **Q5. mitigating circumstances**

5a. Were there any significant mitigating circumstances? **Yes** Recommendation: Action directed at the individual may not be appropriate; follow organisational guidance, which is likely to include senior HR advice on what degree of mitigation applies. The patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. **END HERE**

If No Recommendation: Follow organisational guidance for appropriate management action. This could involve individual training, performance management, competency assessments, changes to role or increased supervision, and may require relevant regulatory bodies to be contacted, staff suspension and disciplinary processes. The patient safety incident investigation should indicate the wider actions needed to improve safety for future patients. **END HERE**

improvement.nhs.uk Based on the work of Professor James Reason and the National Patient Safety Agency's Incident Decision Tree



APPENDIX 4

REMEDATION ACTIONS FLOW CHART

Each part of the process and flowchart should have a timeframe associated to it and if this is deviated from there needs to be a valid reason, and the delay reported back to the individual.

