

Remediation Policy for Consultants and SAS Doctors			
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## 1. Introduction

Revalidation is the process by which licensed doctors will have to demonstrate to the General Medical Council that they are up to date and fit to practise and that they are complying with the relevant professional standards. The Royal College of Psychiatrists have set out how psychiatrists demonstrate that they meet the standards of Good Medical Practice and Good Psychiatric Practice. All licensed doctors will need to revalidate regularly, if they wish to keep their licence to practise. For most doctors, revalidation will take place every five years following the [appraisal process](#).

This policy has been developed for the rare occasions where there are concerns arising about the doctor's ability to meet the requirements of Revalidation. The definitions in section 7 below set out the different forms Re-remediation may take; Remediation, Rehabilitation and Re-skilling. These may be applied informally in the first instance, but this policy is concerned with formal supervised Remediation that may be required in order for the doctor to Revalidate.

This policy is based on the National Clinical Assessment Service (NCAS) document '[Back on Track Framework for Further Training](#)' and is in line with the capability and remediation procedures for practitioners covered in the DH documents 'Maintaining High Professional Standards in the Modern NHS' and 'Tackling Concerns Locally'.

This policy should be read in conjunction with the [Appraisal Policy for Consultants and SAS Doctors](#) in support of Revalidation and the [Conduct and Capability Policy and Procedure for Medical Staff](#).

## 2. Policy Statement

This Policy has been developed in order to support the management of performance of medical staff across AWP. The Trust recognises that the success of our service is dependent upon the effectiveness of our employees. Our aim throughout this Policy is to resolve situations, which relate specifically to the lack of capability of a doctor to perform the work which they are employed to do.

In all circumstances the safety of service user's will be paramount and underpin any Revalidation Programme. Where appropriate other policies and processes may be utilised eg. the Conduct and Capability Policy and Procedure for Medical Staff.

The Trust has a responsibility to ensure that all doctors have the opportunity to Revalidate and will therefore support doctors in following appropriate Remediation process and programmes where there are concerns that the standards required for Revalidation may not be met.

AWP will offer early intervention when justifiable concerns emerge over the capability, conduct or health of a practitioner, with the aim wherever possible of remediation, re-skilling or rehabilitation. All concerns should be dealt with quickly and appropriately and inevitably some individual's programmes will be more straightforward than others.

There may be significant resource implications associated with Remediation programmes. The Trust will not agree to a Remediation programme proceeding unless all the costs have been clearly identified, and funding has been identified and agreed. The Trust will make a judgement on whether to provide funding for a Remediation programme based on the particular circumstances of the individual case and may explore whether funding may be available from other sources. Whilst the Trust will provide support where possible and appropriate to doctors to enable them to meet the revalidation requirements, the Trust reserves the right to decide not to proceed with a remediation programme on the grounds of cost. The Responsible Officer will make a final decision on whether a Remediation programme will proceed and the proportion of costs that the Trust will cover.

## 3. Purpose and aim

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The Policy provides a clear, formal framework to apply supervised and structured programmes for Remediation in order to address issues which arise in relation to a doctor's inability to perform, because of a shortfall in competency, skill, knowledge or understanding, to the required standard to enable the Responsible Officer (RO) to make a recommendation for Revalidation.

This policy does not cover how conduct and capability issues are identified and / or investigated; this is addressed in the Conduct and Capability Policy and Procedure for Medical Staff and Appraisal Policy.

### 4. Scope

The policy applies to all medical staff, except for Doctors in Training, employed by the Trust and for whom AWP is designated organisation for the purposes of revalidation.

Doctors in training will follow the Deanery's procedures for Remediation.

#### Principles Underpinning Remediation Programmes

Service user safety should be the paramount consideration in any remediation, re-skilling or rehabilitation framework.

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 have successfully completed the programme so this can be signed off by the programme supervisor.

### 5. Process

#### 5.1 The process of Remediation is developmental, not punitive

As far as possible the confidentiality of the doctor and the immediate clinical team should be protected. However, this will be balanced against the need to ensure that information is passed to colleagues where appropriate and service users are properly informed before giving consent to care from a practitioner undertaking a return to work programme.

The Remediation programme should be focussed, discrete and the 'diagnosis', 'prescription' and 'exit strategy' must be clearly defined from the outset.

Any return to work should include personal and professional support for the doctor, for the team they are working in and for the organisation managing the programme.

At the conclusion of the Remediation process, the outcome will be signed off by the Responsible Officer.

#### 5.2 Routes into Remediation

A Remediation Programme may be considered where significant concerns mean that the RO is unable to make a recommendation for Revalidation. These include situations where:

- A doctor's performance has been identified as a concern through formal processes such as under the Trust's Conduct and Capability Policy and Procedure for Medical Staff.
- A need for further training might have been identified by organisational clinical governance procedures including investigation and ensuing competency or disciplinary action or there might have been regulatory, National Clinical Assessment Service (NCAS), deanery or royal college/faculty performance assessment or review;
- The appraisal process has identified very early signs of difficulties. Further training at this stage may enable the practitioner to stay within the appraisal system without triggering other clinical governance processes;

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- A doctor has had a significant career/organisational break or other absence from practice. For example, this might have arisen through suspension/exclusion (with or without identified clinical deficiencies), a change in career path, ill-health/maternity/carers leave or other types of statutory leave, or a period working outside the NHS or outside the UK. Whether a break is 'significant' will be a matter for judgment, based on specialty, experience, job plan/content, confidence, health and work context. Absence from active practice for six months or more is a reasonable guide, consistent with current college, regulator and health department practice.

Before agreeing whether or not to support Remediation the RO will consider all aspects of the situation including:

- The extent to which the doctor is able to acknowledge the difficulties identified;
- The progress made in any previous attempts to improve practice;
- The doctor's demonstrated commitment to change;
- Whether the doctor has any significant physical or mental health problems which impact on the doctor's performance and/or patient safety and cannot be remedied;
- All costs associated with the Remediation Programme and the availability of resources and support (see 2.4 above).
- The agreed remediation programme will be relevant to the work required of the doctor in line with their contract of employment with the Trust.
- The seriousness and scope of the concerns identified and whether a more informal resolution may be appropriate.
- The assessments provided by the Royal College and National Clinical Assessment Service (NCAS) or other regulatory body.

### 5.3 Remediation Programmes

The Trust will normally apply the National Clinical Assessment Service (NCAS) Framework for Remediation as set out in National Clinical Assessment Service (NCAS) document '[Back on Track Framework for Further Training](#)'. This is based on six key stages:

1. Identify the full range of concerns and ensure that there is a clear understanding of the nature and range of concerns;
2. Draft an action plan using the NCAS action plan template to outline the plan to address identified training need.
3. Agree whether to proceed or not (see 5.2 above)
4. Plan the detail and once there is agreement construct a detailed action plan using the NCAS practitioner action plan template.
5. Implement and monitor with regular reviews of progress.
6. Complete the programme and follow up with any appropriate management action. (See 5.4 below)

The doctor must remain fully engaged with the process throughout.

Early termination of a Remediation Programme is an option at any stage if the doctor is not engaging with the process or progress is not being made against the action plan.

### 5.4 Outcomes of Remediation

If the concerns about the doctor's practice have been resolved, and the RO is satisfied that a recommendation can be made for Revalidation, the appraisal process will be resumed and, where applicable, arrangements will be made for the doctor to return to practice.

If the progress intended has not been made, and the RO is unable to make a recommendation for Revalidation and the Trust's [Conduct and Capability Policy and Procedure for Medical Staff](#) will be followed as appropriate.

If as a result being unable to Revalidate the doctor's professional registration is withdrawn, the Trust will follow the appropriate procedures for a dismissal.

### **6. Roles and responsibilities**

#### **6.1 Doctors**

Doctors are responsible for ensuring that they are able to demonstrate, through the appraisal process, that they are meeting the described standards and are making use of the measurements generated to identify their developmental needs.

#### **6.2 Responsible Officer**

The Responsible Officer (Medical Director) will:

Consider the appropriateness of proposed Remediation Programmes in accordance with 5.2 and 5.3 above, and approve or reject as appropriate. The RO will sign off completed Remediation Programmes and decide on whether a recommendation can be made for Revalidation as a result.

#### **6.3 Appraisers**

Appraisers must:

Ensure that they have adequate training and support to undertake their role. They must highlight potential performance concerns to the RO and be clear about the Personal Development Plans with regard to performance concerns.

#### **6.4 Clinical Supervisors**

Clinical supervisors may:

Be required to provide close supervision of a practitioner during a clinical placement and to monitor and report on progress to the programme supervisor. The Clinical Supervisor must be a consultant nominated in agreement with the practitioner. Direct clinical supervision is likely to be required only in cases where there has been an extended absence from the clinical environment.

#### **6.5 Programme Supervisor**

The Programme supervisor will:

Assist the practitioner in compiling a Practitioner Improvement Plan and will oversee the clinical aspects of the programme as a whole. The programme supervisor will report to the RO on progress against objectives. The Clinical Supervisor must be a consultant nominated in agreement with the practitioner.

#### **6.6 Medical Lead**

The Medical Lead will:

Ensure that Occupational Health advice is sought and taken into consideration where the doctor's health is giving cause for concern.

### **7. Definitions**

## 7.1 Remediation

Remediation is the process of addressing performance concerns (knowledge, skills and behaviours) that have been recognised, through assessment, investigation, review or appraisal, so that the doctor has the opportunity to return to safe practice. Formal Remediation is a structured and supervised programme of development activities that has a clear goals and outcomes and an agreed end date.

## 7.2 Rehabilitation

Rehabilitation is the process of supporting a doctor who is disadvantaged by chronic ill health or disability, enabling them to access, maintain or return to practice safely. Where appropriate Rehabilitation processes may be carried out informally but may need to be incorporated into a formal remediation programme in order for the doctor to meet the requirements for Revalidation.

## 7.3 Re-skilling

Re-skilling is the process of addressing gaps in knowledge, skill and/or behaviours which result from an extended period of absence (usually over 6 months) so that the doctor has the opportunity to return to safe practice. This may, for example, follow suspension, exclusion, maternity, carer or other statutory leave, career break or ill health absence. Re-skilling processes may be carried out informally but may need to be incorporated into a formal remediation programme in order for the doctor to meet the requirements for Revalidation.

## 8. Training

Advice and support on performance and/or health issues will be available from HR representatives.

Further information and advice is available by contacting the ER team.

## 9. Monitoring or audit

The Responsible Officer will maintain records of all formal Remediation Programmes and report annually to the Appropriate Sub-Committee of the Board (e.g. Quality and Safety Committee).

Representatives from trades unions formally recognised by the Trust and management representatives have drawn up this policy. Management as part of the review will provide meaningful statistics.

This policy will be reviewed after 1 year or earlier at the request of either party.

## 10. References

This policy has been drawn up with reference to current UK and European employment legislation and relevant national terms and conditions.

## 11. Associated and Related Procedural Documents

- [Conduct and Capability Policy and Procedure for Medical Staff](#)
- [Appraisal Policy for Consultants and Speciality and Associate Specialist Doctors](#)
- [Disciplinary Policy and Procedure](#)
- [Management of Staff Sickness and Health Policy](#)

<b>Version History</b>				
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