



Remediation and Rehabilitation of Practitioner's or Dentist's Performance Procedure

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Version Control Sheet			
This must be completed and form part of the document appendices each time the document is updated and approved			
Date dd/mm/yy	Version	Author	Reason for changes
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Consultation / Acknowledgements with Stakeholders		
Name	Designation	Date Response Received

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1 Introduction / Purpose

The purpose of this policy is to have a fair approach to the remediation and rehabilitation of a practitioner's performance.

This policy is based on the NCAS document 'Back on Track', takes due account of guidance published by NHS England. It also supports the capability and remediation procedures for practitioners covered in the 'Maintaining High Professional Standards in the Modern NHS' and the Trust's 'Handling Concerns' policy (CORP/PROC/451) (BTHFT - Procedure, 2015).

2 General Principles / Target Audience

This policy applies to all Medical and Dental staff in non-training grades - Consultants, Associate Specialists, Salaried GPs, Staff Grades and Specialty practitioners contracted directly by the Trust on a substantive or locum basis.

This policy has specific internal linkages to a number of existing organisational strategies, policies and procedures to ensure that remediation and rehabilitation processes are integrated fully and appropriately. These are listed in Section 7.

For practitioners in formal training grades, the process of remediation and rehabilitation of performance is undertaken by the North West Deanery. However, where action is taken by the Deanery in liaison with the Trust, the Remediation and Rehabilitation of Practitioner's or Dentist's Performance Policy in conjunction with Maintaining High Professional Standards (MHPS) and where applicable the Trust's 'Handling Concerns' policy (CORP/PROC/451 (BTHFT - Procedure, 2015)).

The Trust will endeavour to follow appropriate guidance on the standards for quality assessment.

3 Definitions and Abbreviations

CPD	Continuing Professional Development
GMC	General Medical Council's
GMP	Good Medical Practice
MHPS	Maintaining High Professional Standards
NCAS	National Clinical Assessment Service
OD	Organisation Development
Rehabilitation	The supervised period and activities for restoring a practitioner to independent practice – by overcoming or accommodating physical or mental health problems.
Remediation	The overall process agreed with a practitioner to redress identified aspects of underperformance. Remediation is a broad concept varying from informal agreements to carry out some reskilling, to more formal supervised programmes of remediation or rehabilitation.
Reskilling	Provision of training and education to address identified lack of knowledge, skills and application so that the practitioner can demonstrate their competence in those specific areas.

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RO	Responsible Officer
SIs	Serious Incidents
Supervised remediation programme	A formal programme of remediation activities, usually including both reskilling and supervised clinical placement, with specific learning objectives and outcomes agreed with the practitioner and monitored by an identified individual on behalf of the responsible healthcare organisation.

4 Responsibilities (Ownership and Accountability)

4.1 Practitioner’s Responsibility:

It is the practitioner’s responsibility actively to engage with the processes of design and delivery of any rehabilitation or remediation programme.

The practitioner should make their defence organisation and any other employer aware of the rehabilitation or remediation programme.

The practitioner should clearly understand the remediation / rehabilitation process that they are engaging with including who they are accountable to. They should also understand who they should report to if they become aware that they are not making progress according to their agreed action / rehabilitation programme.

Progress in this programme should be explicitly discussed in annual appraisal, as well as at intervals during the programme. The programme should be referenced in their Personal Development Plan.

4.2 Responsible Officer Role:

The Trust’s RO is responsible for ensuring:

- the Trust’s medical appraisal systems meet revalidation requirements
- there are systems in place to enable communication flows between ROs in other designated bodies where clinicians employed by this Trust may also be providing service
- communication with the Postgraduate Dean regarding practitioners in postgraduate training,
- investigation into any fitness to practise concern raised about a practitioner or dentist under their responsibility
- appropriate measures are taken to address and remediate any concerns raised
- cases are discussed with NCAS where there are concerns.
- referrals to the GMC are made, where concerns relate to performance and / or behaviour that falls outside of the standards set out in Good Medical Practice.

An RO can delegate function but not responsibility. Therefore, it is beholden on the Trust’s RO to ensure there are sufficient appropriately trained staff able to support him / her in

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his/her functions including setting up and supervising remediation / rehabilitation programmes.

The Trust will ensure that there are robust communication channels internally to enable these processes to function efficiently and reliably. This includes sufficient staffing levels to ensure patient safety and that service delivery is maintained alongside the provision of remediation and rehabilitation support.

Where a concern has been raised about a practitioner's performance, the RO will use MHPS and where applicable the Trust's Capability Policy and Procedure. If the concern is low-level and does not affect patient safety, the RO may decide to handle it informally by discussion with the practitioner, followed by written confirmation to the practitioner of what they have agreed. Practitioners are expected to reflect on such agreements in their annual appraisal.

If the concern is of a serious nature, or there have been repeated low-level concerns, the Trust's Handling Concerns procedure (ref CORP/PROC/451 (BTHFT - Procedure, 2015)) will be used to determine the next appropriate steps.

Where it is decided that the issues can be resolved without resort to formal procedures, the RO may decide it may be dealt with as part of the annual appraisal and must ensure information about the area of concern is shared in confidence with the practitioner's appraiser.

Where an action plan for rehabilitation or remediation has been agreed, there should be clear systems in place to monitor progress with regular reporting to the RO on progress.

5 Procedure

5.1 Background

All practitioners have a responsibility to keep their knowledge, skills and competencies up to date. Continuing Professional Development (CPD), which feeds into annual appraisals and personal development planning, are 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 and rehabilitation are required.

Revalidation, launched in December 2012 is designed to provide positive affirmation that licensed practitioners remain up to date and fit to practice throughout their career. It involves strengthened appraisal processes and a closer link between other clinical governance systems and appraisal. As part of the annual medical appraisal process practitioners will need to demonstrate how they are meeting the principles and values set out in Good Medical Practice (GMP), the General Medical Council's (GMC) core guidance for practitioners.

Revalidation will demand consistent processes for appraisal, including feedback from patients and colleagues. As such, it is expected that the new system will, over time, help to raise the quality of the medical workforce, by supporting practitioners in continually

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updating their professional skills to deliver a service to patients. However, the new processes may identify some practitioners whose competence gives cause for concern and for whom, if they are to revalidate, some form of remediation will be needed.

Where concerns are raised through any route about a practitioner's performance, these should be handled using the Remediation and Rehabilitation of Practitioner's or Dentist's Performance procedure in conjunction with Maintaining High Professional Standards (MHPS) and where applicable relevant Trust policies including the Trust's Handling Concerns Policy for Medical and Dental Staff (Ref CORP/PROC/451 (BTHFT - Procedure, 2015)).

5.2 Introduction

This new procedure, 'Rehabilitation and Remediation of Practitioners' Performance', is designed to provide guidance to medical staff, management and the Responsible Officer (RO) about how to respond when they become aware of concerns about the performance of a practitioner acting individually or as part of a team.

The purpose of this policy is to provide a framework:

- To support management and the RO in their provision of remediation, reskilling / retraining and rehabilitation programmes.
- To confirm end points to such programmes such that performance can be signed off as satisfactory or improved.
- Reassure the Trust's medical staff that the organisation has fair and consistent processes for addressing performance concerns in practitioners in their employment.

The key principles underpinning this policy are:

- Patient safety
- The Trust's responsibilities as the employer to support clinicians in remaining up-to-date and fit-to-practice.
- Enabling individual practitioners to address any areas of deficiency in their professional performance early, systematically and proactively.

Remediation should not be a punitive process. It should be structured, consistent and fair. Wherever possible the practitioner's perceived needs, priorities and learning preferences should be factored into negotiations and planning. However, refusal to engage in the process or failure to accept the opportunities offered for further development or training will be dealt with under MHPS and where applicable the Trust's Disciplinary Policy and Procedure.

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

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- Practitioners who have been absent from their work for more than six months for whatever reason (N.B: those who have had shorter absences may also have specific needs as part of their re-introduction to work).
- Self-declaration of a remedial need. Needs which highlight risks to patient and colleague safety should be prioritised over other CPD needs and the Trust will work with the practitioners concerned to ensure the needs are met in a timely fashion.
- Practitioners for whom a specific deficiency in performance has been identified through patient or colleague feedback or risk management systems.
- Practitioners for whom such a need has been identified at appraisal.
- Practitioners for whom the need for remediation has been identified through a formal disciplinary or fitness to practise procedure.

Wherever possible concerns should be managed locally. However where concerns relate to performance and / or behaviour that falls outside the standards set out in Good Medical Practice a referral to the GMC may be considered by the RO.

5.3 Equality Statement

This policy applies to all Trust substantially employed / trainee and contracted practitioners irrespective of age, race, religion, disability, nationality, ethnic origin, gender, sexual orientation, marital status or trade union membership.

All employees / trainees and contractors will be treated in a fair and equitable manner and reasonable adjustments will be made where appropriate.

5.4 Prevention

Clearly prevention and early intervention of performance issues is desirable for medical and dental staff and patients.

Heads of Departments and Directorate Managers are expected to take appropriate action at the earliest opportunity where they believe there are issues with a practitioner's performance. It is expected that performance issues are identified and managed prior to a practitioner's appraisal process. This includes early intervention to ensure a supportive approach is taken.

5.5 Responding to remedial / rehabilitation needs

Once a concern is raised, the Trust must ensure it tackles concerns promptly, ensuring the primacy of patient safety.

The line manager of the clinician involved should inform their Divisional Director of the concerns as soon as possible. Where the concern is raised outside the Trust, the RO will communicate with the RO of the clinician's designated body. For practitioners in postgraduate training the North West Deanery is the designated body and therefore the Postgraduate Dean who is the RO, should be informed via the Director of Medical Education.

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An initial assessment of the concern should be undertaken by the Medical Director as soon as possible in accordance with MHPS and the Trust's Handling Concerns policy (CORP/PROC/451 (BTHFT - Procedure, 2015)) to determine the course of action.

Patients must be provided with as much information as possible about the processes that are undertaken to resolve concerns that they have raised, whilst respecting the confidentiality of the employee, in order that the patient is not lost in the process of investigating and remediating concerns.

For the practitioner who requires remediation, they must be made fully aware through a formal agreement of what they are expected to achieve before they commit to any programme developed for them. This should include clear boundaries, the method to be used for remediation, how they will be able to demonstrate that they have been remediated, how and who will assess whether they have successfully completed the programme, and the proposed timescale. A clear exit strategy must be determined for any remediation case. There should be agreement between the practitioner and their RO about the goals set. Consideration should be given to what success looks like from both the perspective of the Trust and the practitioner.

In situations where the practitioner causing concern has been recently appointed and / or promoted, the Trust's Medical Director will liaise with their previous RO to establish whether the concern is a new manifestation or part of an on-going pattern of behaviour / performance.

For practitioners recently in postgraduate training programmes, the Trust's RO or delegated person will liaise with their Postgraduate Dean to seek any relevant information from the practitioner's postgraduate training.

5.6 Principles of remediation / rehabilitation

This guidance follows the principles laid out in the NCAS document "Back on Track".

The aim of remediation / rehabilitation is to restore a practitioner to their full range of practice, where possible. Where not possible, the practitioner and their Head of Department may agree a specific restriction on the range of practice. The decision to implement such a restriction must be made in liaison with the Trust's Medical Director, and with the advice of the Director of Workforce and OD.

Rehabilitation or remediation action plans should be agreed in writing between the practitioner and their line manager and, for practitioners in postgraduate training, the postgraduate dean. They should include specific goals, objectives and time scales, and be subjected to confirmation at the start and periodic review by the RO or their nominated deputy.

All aspects of performance including clinical knowledge, skills, health, behaviour and practice context should be addressed within a single action plan. Where applicable this in turn should relate back to the practitioners personal development plan as drawn up at their last medical appraisal.

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Occupational health services should be involved in any situation where the practitioner's health is or has contributed to the need for a remediation / rehabilitation programme. Advice should be sought in the first instance from HR Business Partner.

HR advice and input should be sought for any concerns relating to the conduct or behaviour of the practitioner.

Processes should be fair and open to scrutiny, taking into account all relevant evidence and information.

It should be recognised that having to undertake rehabilitation or remediation is potentially stressful for a practitioner. Practitioners in this situation should be offered appropriate support by their line manager via Occupational Health.

Practitioners undertaking a programme of rehabilitation or remediation should also be offered a mentor to provide an alternative source of support during the programme.

When a practitioner returns to work in these circumstances, the needs of the wider team will also need to be handled with sensitivity.

Practitioners, who work for more than one organisation including those in the private sector, must inform the Trust's RO of the name of both the organisation and its RO. The Trust's RO will communicate information about their rehabilitation or remediation needs to the RO of this organisation/s.

Where remediation or rehabilitation happens outside the Trust, the Trust RO must be kept fully informed of progress and any issues arising in the first instance by the practitioner concerned. The Trust's RO will contact the RO of the organisation responsible for the remediation and rehabilitation process for further information.

There should be clear transparent lines of communication and reporting supported by detailed documentation.

5.7 Action Planning

5.7.1 Rehabilitation after a prolonged absence from work

All staff sickness absence should be dealt with by the line manager in accordance with the Trust's Managing Sickness and Absence Policy and Academy of Royal Medical Colleges Return to Practice guidance.

Before returning to work, the practitioner should meet with their line manager and as appropriate their RO / nominated deputy to agree the range of practice to which they will return and an action plan to support their reintegration into the workplace.

Where return follows a period of ill-health or injury, consideration should be given to a phased return to work and any necessary reasonable adjustments. The line manager should make referral to the appropriate Occupational Health practitioner for advice as early as possible.

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5.7.2 Remediation Action Planning

In many cases, remediation will only apply to a part of a practitioner's practice. The RO / their representative and the practitioner should agree whether it is appropriate for the practitioner to continue their whole range of practice during the period of remediation or whether it would be more appropriate to focus on the area of remediation. This will differ on a case-by-case basis, being mindful of the holistic needs of the individual. Whilst it may be helpful to focus on a specific area for remediation, it is important to remember the whole areas of practice that need to be maintained.

5.7.3 Formulating the Action Plan

The RO or their representative (with specialist clinical / educational input where necessary) should identify in writing the areas of remedial need, and the practitioner should confirm that they recognise these and agree to work with the Trust to address these. The learning needs highlighted in the action plan should be integrated into the practitioner's personal development plan as agreed through annual appraisal and prioritised against other needs.

The RO or their representative should appoint a Clinical / Educational Supervisor for the practitioner and share the remedial needs with them.

The Clinical / Educational Supervisor should support the practitioner in developing an action plan to meet the identified needs that includes specific objectives that are measurable with timelines for achievement. Examples are given in Appendix 1. The action plan should be discussed with the RO or their representative and the relevant service manager to ensure its practicality, and then agreed in writing with the practitioner.

The RO or their representative should meet the Clinical / Educational Supervisor and the practitioner at the start of implementation of the action plan, and then at regular intervals to ensure satisfactory progress.

It is the practitioner's responsibility to demonstrate to the Clinical / Educational Supervisor they are adhering to the action plan. The Clinical / Educational Supervisor is responsible to report progress and/or concerns to the RO.

If it is not possible to agree an action plan, the RO will consider seeking advice from the GMC or NCAS. Reference should also be made to the Academy of Royal Medical Colleges Return to Practice guidance. 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. If a practitioner fails to comply with this request, this will be dealt with through MHPS/Trust's Handling Concerns procedure (CORP/PROC/451 (BTHFT - Procedure, 2015)).

Once the action plan has been agreed and signed, failure to demonstrate sufficient progress as agreed and / or lack of compliance will be handled through the Trust's Handling Concerns procedure (CORP/PROC/451 (BTHFT - Procedure, 2015)).

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5.7.4 Progress and Completion

The RO or their nominated deputy should receive written evidence of progress against the action plan from the Clinical / Educational Supervisor on a regular basis. The practitioner should keep a reflective log of their progress with the action plan and to submit this as part of the evidence.

It may be necessary and advisable to defer annual medical appraisal until measurable progress is being made. However the value of annual appraisal and the opportunity it creates for a reflective conversation with a colleague should be valued by all parties in any rehabilitation and remediation process.

At the end of the action plan, the practitioner and the Clinical / Educational Supervisor should sign a report confirming that the objectives have been met. This report should be sent to the RO. for review and agreement that objectives have been met.

5.7.5 After Rehabilitation / Remediation

On satisfactory completion of the action plan, the practitioner will revert to their normal work plan. Completion of the action plan should be referenced in his/her appraisal. A copy of the action plan and written evidence of its completion will be kept in the practitioner's personnel file.

5.7.6 Confidentiality

All action plan documentation and activity will be dealt with in confidence and evidence of progress or otherwise will be shared on a strict need-to-know basis.

5.8 Quality Assurance of Remediation/Retraining Programmes

The RO has responsibility for ensuring that any proposed rehabilitation or remediation action plan maintains patient safety as its first objective, and is appropriate to the needs of the practitioner. He/she should seek advice from the relevant speciality advisor to confirm this.

The action plan must have a named supervisor of appropriate grade and speciality and include regular monitoring in terms of both impact on patient experience and care, and progress against the objectives for the practitioner.

The RO will ensure there is a system of anonymised reporting of the number of practitioners taking part in a rehabilitation or remediation action plan, and information to provide assurance regarding patient safety, in their regular reports to the Trust Board. The RO should monitor the progress of rehabilitation or remediation action plans. Where satisfactory progress is not made; the Medical Director should consider whether alternative action may be required under MHPS/ Trust's Handling Concerns procedure (CORP/PROC/451 (BTHFT - Procedure, 2015)).

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5.9 Funding for Remediation and Rehabilitation Programmes

The Trust will fund any reasonable remediation programme to be agreed with the practitioner as a part of the action plan. The practitioner may also be asked to make a financial contribution. The decision regarding what is considered reasonable is at the discretion of the Trust.

5.10 Resources to support remediation and rehabilitation for practitioners

Further advice and support can be obtained from:

- NCAS: advice line 020 7972 2999; general switchboard 020 7972 2988
- Practitioners in Training can also contact their Postgraduate Dean
- Advice can also be obtained from the HR Team via the Trust switchboard on ext. 1600 or 01253 951600.

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Appendix 1: Action Plan Examples

A practitioner who has poor communication with colleagues, in that colleagues perceive him/her as aggressive and uncooperative.

Objective 1: To have weekly sessions with an expert in communication for six weeks to develop their communication style.

Metrics:

- Confirmation from the communication expert that the practitioner attended all the sessions;
- Reflective note by the practitioner on what they learned from this development activity.

Objective 2: to put into practice what they learned from the development activity over the succeeding six months.

Metrics:

- Number of complaints to manager about practitioner's communication (aim for zero)
360 appraisal with colleagues with satisfactory outcome.

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Appendix 2: Equality Impact Assessment Form					
Department	HR	Service or Policy		Date Completed:	30.3.15
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	Medical and Dental staff requiring support to rehabilitate practice or retrain		Positive		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	Provides supportive mechanism to address concerns with a practitioner's practice		Positive		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	Yes and it is monitored through an externally approved action plan		Positive		
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Yes		Positive		
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	Yes		Positive		
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	Yes		Positive		
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No				
Does the policy/development promote access to services and facilities for any group in particular?	Yes – Medical and Dental staff		Positive		

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Appendix 2: Equality Impact Assessment Form				
Does the service, leaflet or policy/development impact on the environment • During development • At implementation?	No			
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Sonya Clarkson	Date Signed:		30.3.15
Signature of Author:				
Name of Lead Person:	Sonya Clarkson	Date Signed:		30.3.15
Signature of Lead Person:				
Name of Manager:	Prof. Mark O'Donnell	Date Signed:		
Signature of Manager:				

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