

## Conduct, Capability & Appeals Policy & Procedures for Medical & Dental Practitioners (Joint)

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## **SUMMARY & AIM**

In order to comply with Maintaining High Professional Standards in the NHS (HSC 2003/12), the Trust has put in place this policy and procedure.

This enables the Trust to ensure that a consistent approach is applied when dealing with matters of conduct, capability, and appeals for all medical and dental staff.

The policy is written in line with the Department of Health Maintaining High Professional Standards in the NHS. The main purpose of operating this policy and procedure is to encourage improvement in an employee whose conduct or capability is below acceptable standards.

## **TARGET AUDIENCE:**

- This policy applies to all medical and dental practitioner employed by the Trust.
- This policy also applies to all staff all medical and dental practitioners working under agreements / contracts or providing a service to the Trust.

## **TRAINING:**

- There is no formal training requirement for this policy and procedure. However, the Trust will aim to ensure that Case Managers and Case investigators are trained were possible.
- Guidance notes for managers will be available on the HR section of the Trust's Intranet. Support and advice regarding the application of the policy and procedure can be sought from the Human Resources Department.

## **KEY REQUIREMENTS**

1. All medical and dental practitioner must ensure that they;
  - Follow this policy and procedure in relation to raising and dealing with any issues or concerns that are raised.
  - Notify the relevant manager of any material facts which may impact on an issue, concern or investigation.
  - Raise issues or concerns in a timely and correct manner in line with this policy and procedure.
  - Comply with requests for information and involvement in line with this policy and procedure.
2. Managers and Clinical Leaders must;
  - Notify the relevant Medical Director immediately of any issues or concerns that are raised in relation to medical or dental staff.
  - Follow this policy and procedure to ensure an adequate investigation (if applicable) is undertaken correctly in a timely fashion.
3. Employees have the right to be accompanied to formal investigation meetings or hearings in line with this policy and procedure
4. Employees will have the right to appeal against any outcome from the conduct, capability in line with this policy and procedure.

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## **1. INTRODUCTION**

This is an agreement between the Trust and the Joint Local Negotiating Committee (JLNC) outlining the employer's procedure for handling concerns about a medical or dental practitioner's conduct and capability.

Whilst regard has been had to the framework set out in "Maintaining High Professional Standards in the Modern NHS", ("MHPS") issued under the direction of the Secretary of State for Health on 11 February 2005, both parties have agreed to follow this procedure in relation to potential conduct or capability concerns. However, where there is any conflict or lack of clarity the existing national agreed guidance will take precedence

Whilst both the Trust and medical and dental practitioners are subject to this policy are expected to follow the provisions set out in this policy nothing in the document shall be contractually binding.

This policy and procedure has been developed to support the management of concerns about the performance/behaviour of medical or dental practitioners across the Trust. With early intervention and prevention, possible restriction or exclusion from practice can be avoided.

With medical or dental practitioners in training, concerns about their capability, dependant on the circumstances, should be considered initially as training issues and the Postgraduate Dean should be involved from the outset. Concerns about the conduct or capability of medical or dental practitioners on placement with the Trust, will be referred to the relevant employer.

## **2. PURPOSE**

The purpose of this document is to provide the reader with a structured process through informal resolution and low level concerns into more serious concerns for medical or dental practitioners. For clarity this procedure has been separated into part one and part two to distinguish between initial low level and high level concerns.

## **3. PART 1 – INITIAL CONCERNS**

### **3.1 Raising a Concern**

The management of performance and/or behaviour is a continuous process which is intended to identify any concerns or problems. Numerous ways now exist in which concerns about a medical or dental practitioners performance and/or behaviour can be identified; through which remedial and supportive action can be quickly taken before problems become serious or patients harmed; and which need not necessarily require formal investigation or resort to disciplinary sanctions.

Concerns can be raised by anyone at any time and come to light in a variety of ways. This may be through appraisal, audits, mentoring, peer groups, peer supervision by a clinical manager or reports from dashboards, colleagues, patients, disciplinary procedures, and fitness to practice panels or other sources.

Unfounded and malicious allegations can cause lasting damage to a medical or dental practitioner's reputation and career prospects. Therefore all allegations, including those made by relatives of patients, or concerns raised by colleagues, must be properly investigated to verify the facts so that the allegations can be shown to be true or false.

Concerns about the capability of medical or dental practitioners in training should be considered initially as training issues and the Postgraduate Dean should be involved from the outset.

### **3.2 When a concern comes to light**

Upon receipt of an allegation, complaint or concern, it must be considered and a decision made as to the nature and seriousness of it. A concern will normally be communicated to the Clinical Leader of the medical or dental practitioner in the first instance and an initial judgment made which may involve a short fact finding report. Advice should be taken from HR upon receipt of the allegation, complaint or concern. Minor concerns will normally be addressed through normal continuing professional development processes and if the Clinical Leader believes that no further action should be taken, they will provide a file note for the individual and send a copy to the HR Medical Workforce department for recording on the individual's personal file. If the concern/issue is considered more serious, it will be referred to the Good Medical Practice Group (GMPG). Terms of Reference for the GMPG can be found in Appendix 3.

The GMPG will then consider whether the conduct or capability of the medical or dental practitioner causes, or has the potential to cause, harm to a patient or other member of the public, staff or; or impacts adversely on the reputation of the Trust or where the medical or dental practitioner develops a pattern of repeating mistakes, or appears to behave in a manner inconsistent with the standards described in the GMC *Good Medical Practice* guidance. The concern/issue will immediately be considered by the GMPG which will decide whether the issue or issues should be dealt with as a low level or a high level concern. At any stage the GMPG may review this decision if further information comes to light.

### **3.3 Dealing with High Level Concerns**

If the GMPG results in a decision that the concern is high level, the GMPG will hold a case conference and this will involve the System Executive Medical Director or suitable deputy and a medical representative. Whilst it is likely that this will lead to a formal investigation, it may also be re-classified as a low level concern or alternatively require further facts to be gathered before a decision can be made.

### **3.4 Dealing with Low Level Concerns**

Remediation is the process that will address low level behaviour/performance concerns (knowledge, skills and behaviours) which provides help; such as management advice, behavioural plans, formal mentoring, further training, re-skilling or rehabilitation. Clear goals with timescales will be written into a plan and shared with the medical or dental practitioner.

The Trust's separate Remediation Policy for Medical and Dental staff should be followed at this stage.

If the medical or dental practitioner has not met the objectives at the end of the timescale a case discussion will be held and a decision taken as to whether to refer to the GMPG to formally investigate the concerns identified, then the appointment of a 'Case Manager' will be made. The Case Manager will then appoint a 'Case Investigator' and should the concerns be of a clinical nature, a 'Clinical Advisor' will be identified to support the Case Investigator. Should the Clinical Manager be unable to assume the role of Case Manager because they are likely to be involved in the investigation, a different Case Manager will be appointed.

### **3.5 Health Related Factors**

It should be noted that when a concern arises, consideration must be given by the Clinical Manager to whether the concern is related to a health issue. The principle for dealing with individuals with health problems is that, wherever possible, they should be treated, rehabilitated or re-trained and kept in employment. When such a health concern arises, the Clinical Manager will consult with HR and a decision made as to whether the Trust Attendance Management Policy will be followed from this point.

### **3.6 Support for medical or dental practitioners**

Being involved at any stage of the medical remediation and disciplinary procedure can be a stressful time and as such the Trust wants to ensure it provides as much support as possible during this period. As such, it is recommended that an Occupational Health referral is made at the earliest opportunity once a process or development plan has been instigated.

The Trust also has access to an Employee Assistance Programme provider for all employees. This is a confidential support service, available 24/7, designed to assist employees with personal or work-related difficulties. The Clinical Manager should provide information relating to this service.

### **3.7 Low Level Concerns – Remediation**

In line with the Trusts Remediation Policy and Process for Medical and Dental Staff the following is the process for dealing with managing concerns;

Please refer to the full Trusts Remediation Policy and Process for Medical and Dental Staff for further details.

## **4. PART 2 – HIGH LEVEL CONCERNS**

### **4.1 Establishing that a concern is high level**

A high level concern will normally arise when the Clinical Manager has gathered preliminary facts. This will normally be an initial assessment of the nature of the concerns



and its seriousness. The concerns may immediately go straight to GMPG. The GMPG will be chaired by the System Executive Medical Director (or nominee) and a representative from HR, and include the Clinical Manager. The GMPG may have regard to information supplied by an external organisation such as police or NHS Protect. Restrictions to practice, exclusion and the PPA involvement will be considered and a Case Manager and Case Investigator appointed.

The GMPG will take into account in its decision making process whether the Clinical Manager is a non-medical member of staff and the relevance or otherwise on the need for any further initial investigation.

For cases involving the Executive Medical Director, the Chief Executive will be the Case Manager. For cases involving Clinical Leaders, and Medical Directors, the System Executive Medical Director will be the Case Manager. For all other medical staff, the Case Manager will be a Medical Director or Clinical Leader or senior manager to oversee the case.

The duty to protect patients is paramount. At any point in the process where the Case Manager has reached an initial judgement that a medical or dental practitioner is considered to be a potential danger to patients or staff, this must be raised to the System Executive Medical Director (or nominee) to confirm that the medical or dental practitioner must be referred to the GMC/GDC, whether or not the case has been referred to the PPA, and in addition, consideration must be given to whether the issue of an alert should be requested.

When high level concerns are raised about a medical or dental practitioner, the GMPG will also urgently consider whether it is necessary to place temporary restrictions on their practice. This might be to amend or restrict their clinical duties, obtain undertakings, or the exclusion of the medical or dental practitioner from the work place.

All high level concerns must be investigated quickly and appropriately and a clear audit route established for initiating and tracking progress of the investigation and resulting action.

The concerns will be registered with the Chief Executive and the Chief Executive holds overall responsibility for ensuring that a Case Manager is appointed. The Chairman of the Trust will designate a non-executive member "a Designated Board Member" to oversee the case and ensure that momentum is maintained.

## **4.2 Restrictions of Practice and Exclusion from Work**

If it is suggested that a high level concern has been raised about a medical or dental practitioner, the Trust will urgently consider whether it is necessary to place temporary restrictions on their practice. To do this the GMPG must ensure that:

- A discussion with PPA takes place and the concerns and proposed immediate action are discussed.
- Exclusion from work is used only as an interim measure whilst action to resolve a problem is being considered;

- Where a medical or dental practitioner is excluded, it is for the minimum necessary period of time and not more than four weeks without further review;
- A brief, anonymised, summary of any exclusion will be provided to the Chief Executive and Trust Board;
- A detailed report is provided, when requested, to the Designated Board Member who will be responsible for monitoring the situation until the exclusion has been lifted;
- Where a restriction of practice or exclusion is being considered against an employee who is a recognised Trade Union representative, the normal procedure will be followed. However, the matter will be discussed with an official employed by the recognised Trade Union and the concerns and proposed immediate action are discussed.

### **4.3 Managing the risk**

The exclusion of a medical or dental practitioner from the workplace is a temporary expedient. Exclusion must be viewed as a precautionary measure and not a disciplinary sanction. Exclusion from work will be reserved for the most serious circumstances, where a clear risk has been identified.

The purpose of exclusion is:

- To protect the interests of patients or other staff; and/or
- To protect the medical or dental practitioner;
- To assist the investigative process when there is a clear risk\* that the medical or dental practitioner's presence could impede the gathering of evidence.

### **4.4 Alternative ways to manage risks and avoid Exclusion**

Consideration will always be given to alternative ways that can be used to avoid exclusion. These include:

- The feasibility of the System Executive Medical Director or a Clinical Leader supervising the medical or dental practitioners normal contractual clinical duties;
- Restricting the medical or dental practitioner to specified clinical duties;
- Restricting the medical or dental practitioner's activities to administrative, research/audit, teaching and other educational duties. By mutual agreement the latter might include some formal retraining or re-skilling;
- Sick leave if the medical or dental practitioner has a specific health issue.

In cases relating to the capability of a medical or dental practitioner, consideration should be given to whether an action plan to resolve the problem is appropriate having regard to the seriousness of the concern and whether it can be agreed with the medical or dental practitioner. If the nature of the problem and a workable remedy cannot be determined in this way, the Case Manager should seek advice from and consider the appropriateness of a referral to the PPA. They will assess the problem in more depth and provide advice on any action necessary.

#### **4.5 The Exclusion process**

The GMPG cannot exclude the medical or dental practitioner for more than four weeks at a time. The justification for continued exclusion must be reviewed on a regular basis by the GMPG and before any further four-week period of exclusion is imposed.

At regular intervals the exclusion will be reviewed as detailed later in this policy document (4.13) where the relevant external agencies are also informed as required. Additional status reports are required for the Chief Executive and NHSI if exclusion continues for 6 months (see section 4.14 below).

There are two forms of exclusion and these are immediate and formal exclusion as explained below (section 4.8 and 4.9 respectively).

#### **4.6 Key responsibilities of managing exclusion**

The GMPG has overall responsibility for managing the exclusion procedures and for ensuring that cases are properly managed. In the rare cases where immediate exclusion is required, the GMPG must discuss the case at the earliest opportunity following exclusion.

The medical or dental practitioner will be promptly informed of any decision to exclude by either the System Executive Medical Director (or nominee) and representative from HR wherever possible. Where this is not possible, a Medical Director or Clinical Leader may inform the medical or dental practitioner of the decision to exclude. The nominated person must explain why the exclusion is being made and this may need to be in broad terms if no formal allegation has been made at this stage. They will agree a date up to a maximum of two weeks away at which the medical or dental practitioner should return to the workplace for a further meeting. The nominated person must advise the medical or dental practitioner of their rights, including rights of representation.

The GMPG will ensure a Case Manager is appointed immediately following exclusion if one has not already been appointed. The GMPG will also ensure a Case Investigator is appointed.

#### **4.7 Role of Designated Board Member**

Representations may be made to the Designated Board Member in regard to exclusion. The Designated Board Member must ensure that time frames for investigation or exclusion are consistent with the principles of Article 6 of the European Convention on Human Rights. The Case Manager will ensure that the medical or dental practitioner is informed of the name of the Designated Board Member.

#### **4.8 Immediate Exclusion**

An immediate time limited exclusion may be necessary where there has been

- a critical incident when serious allegations have been made; or

- where there clear evidence that there has been a break down in relationships between/either a medical or dental practitioner and all or a significant proportion of the team; or
- where there is a clear risk identified that the presence of the medical or dental practitioner will hinder the gathering of information at the initial fact finding stage\*;  
or
- for the medical or dental practitioners own protection.

Such an exclusion will allow more measured consideration to be undertaken. This period should be used to carry out a preliminary situation analysis, to contact PPA for advice and to convene a GMPG.

*\* examples of the presence likely to hinder the gathering of information could include:*

- *having the ability to access information on a Trust system to amend it, which could alter the course of the investigation, this could be electronic or physical information.*
- *by attending work, could influence potential witnesses prior to providing accurate, factual statements.*

#### **4.9 Formal Exclusion**

Formal exclusion may only take place after the GMPG has first considered whether there is reasonable and proper cause to exclude. PPA must be consulted where formal exclusion is being considered and if a Case Investigator has been appointed he or she must produce a preliminary report as soon as is possible to be available for the GMPG. This preliminary report is advisory to enable the GMPG to decide on the next steps as appropriate.

The report should provide sufficient information for a decision to be made as to whether:

- the allegation appears unfounded; or
- there is a potential gross misconduct issue;
- or there is a concern about the medical or dental practitioners capability; or
- the complexity of the case warrants further detailed investigation.

#### **Formal Exclusion must only be used where:**

- (a) There is a need to protect the interests of patients or other staff pending the outcome of a full investigation of:
  - allegations of gross misconduct,
  - concerns about serious dysfunctions in the operation of a clinical service,
  - concerns about lack of capability or poor performance of sufficient seriousness that it is warranted to protect patients.
- (b) The presence of the medical or dental practitioner in the workplace is likely to hinder the investigation.

Full consideration should be given to whether the medical or dental practitioner could continue in or (in cases of an immediate exclusion) return to work in a limited capacity or in an alternative, possibly non-clinical role, pending the resolution of the case.

When the medical or dental practitioner is informed of the exclusion, there should, where practical, be a witness present (work colleague) and the nature of the allegations or areas

of concern, should be conveyed to the medical or dental practitioner. The medical or dental practitioner should be told of the reason(s) why formal exclusion is regarded as the only way to deal with the case. At this stage the medical or dental practitioner should be given the opportunity to state their case and propose alternatives to exclusion (e.g. further training, referral to occupational health, referral to the PPA with voluntary restriction). Any proposed alternatives will be considered at this stage.

Formal exclusion must be confirmed in writing as soon as is reasonably practicable with the letter stating the effective date and time, duration (up to 4 weeks), the nature of the allegations, the terms of the exclusion (e.g. exclusion from the premises and the need to remain available for work) and that a full investigation or what other action will follow. The medical or dental practitioner should be advised that they may make representations about the exclusion to the Designated Board Member at any time after receipt of the letter confirming the exclusion.

In cases when disciplinary or capability procedures are being followed, exclusion may be extended for four-week renewable periods until the completion of disciplinary procedures if a return to work is considered inappropriate. The exclusion will still only last for four weeks at a time and be subject to review. The exclusion should usually be lifted and the medical or dental practitioner allowed back to work, with or without conditions placed upon the employment, as soon as the original reasons for exclusion no longer apply.

If the Case Manager considers that the exclusion will need to be extended over a prolonged period outside of his or her control (for example because of a Police investigation), the case must be referred to the PPA for advice as to whether the case is being handled in the most effective way and suggestions as to possible ways forward. However, even during this prolonged period the principle of four-week "renewability" must be adhered to.

If at any time after the medical or dental practitioner has been Excluded from work, the investigation reveals that either the allegations are without foundation or that further investigation can continue with the medical or dental practitioner working normally or with restrictions, the Case Manager must lift the exclusion, inform PPA and make arrangements for the medical or dental practitioner to return to work with or without appropriate restrictions with any appropriate support as soon as practicable.

#### **4.10 Conditions during an Exclusion**

A medical or dental practitioner should not be automatically barred from the premises upon exclusion from work. The Case Manager must always consider whether a bar from the premises is absolutely necessary. There are certain circumstances, however, where the medical or dental practitioner should be excluded from the premises. This could be, for example, where there may be a danger of tampering with evidence, or where the medical or dental practitioner may be a serious potential danger to patients or other staff or from patients or other staff. In other circumstances, however, there may be no reason to exclude the medical or dental practitioner from the premises. The medical or dental practitioner may want to retain contact with colleagues, take part in clinical audit and to remain up to date with developments in their field of practice or to undertake research or training.

The Case Manager should consider whether it is appropriate to make arrangements for the medical or dental practitioner to keep in contact with colleagues on professional developments, and take part in Continuing Professional Development (CPD) and clinical audit activities with the same level of support, and use of facilities as other medical or dental practitioners in the Trust. A mentor could also be appointed for this purpose if a colleague is willing to undertake this role.

### **During an Exclusion**

Whilst on exclusion the following conditions will usually apply:

- The employee must not enter any premises of the Trust except for any other legitimate reason e.g. to receive any medical treatment, or their immediate family to receive any medical treatment, as a patient or visitor or for a meeting with their Trade Union representative. In these situations the employee must inform their manager in advance of the appointment;
- The employee must not contact any employees (other than their line manager, investigating team or employee representative) to discuss the content or detail of the allegations as this may prejudice the investigation;
- Failure to follow this instruction may result in further disciplinary action;
- The employee must not access Trust documents or files using remote access;
- The employee must not access the Trust's IT system. They will usually be asked to return Trust laptops and mobile phones;
- All Trust equipment must be returned if deemed necessary and appropriate.
- If the employee requests access to the workplace during the exclusion, e.g. to retrieve personal property or access personal information stored on Trust equipment, then a request should be made to the line manager or case manager who should assess the request and the reason for it and decide whether or not it is reasonable to allow the employee access. It may be possible to allow the employee access to the workplace outside of working hours to avoid them coming into contact with colleagues;
- The line manager or case investigator should also consider any requests by the employee to be allowed to contact colleagues if this is necessary in connection with preparing their response to the case;
- The employee, whilst not required to attend work, should remain available to assist in the investigation, attend investigation or meetings, or deal with any work-related questions. Further, if the exclusion is lifted earlier than anticipated, the employee would be expected to return to work;
- If the employee wishes to request annual leave via their line manager during the suspension period this should be considered in the usual way.

#### **4.11 Keeping in contact and availability for work**

As exclusion under this policy should be on full pay, the medical or dental practitioner must remain available for work with the Trust during their normal contracted hours. The medical or dental practitioner must inform the Case Manager of any other organisation(s) with whom they undertake either voluntary or paid work and seek the Case Manager's consent to continuing to undertake such work. Consent is required from the Case Manager if the medical or dental practitioner wishes to take annual leave or study leave. Failure to abide by these conditions will lead to potential disciplinary action.

## **4.12 Informing other Organisations**

In cases where there is concern that the medical or dental practitioner may be a danger to patients, the Trust has an obligation to inform such other organisations including the private sector, of any restriction on practice or exclusion and provide a summary of the reasons for it. Where restrictions on practice have been placed on the medical or dental practitioner, the medical or dental practitioner may offer to undertake not to perform any work in that area of practice with any other employer. In such circumstances the Trust should take such an undertaking into account in deciding whether it is necessary to inform other organisations.

Where the Case Manager believes that the medical or dental practitioner is practising in breach of an undertaking not to do so, he or she should contact the GMPG who will contact the GMC/ GDC with PPA to consider the issuing of an HPAN. This is in addition to any further action the Case Manager may decide is appropriate including a disciplinary investigation and a referral to the GMPG to consider whether exclusion is appropriate

## **4.13 Keeping Exclusions under review**

### **Informing the Board**

The Chief Executive and Board must be informed about an exclusion at the earliest opportunity. The Board has a responsibility to ensure that the Trust's internal procedures are being followed. Therefore:

- The board require a monthly statistical summary showing all exclusions with their duration and number of times the exclusion had been reviewed demonstrating that procedures are being correctly followed and that all reasonable efforts are being made to bring the situation to an end as quickly as possible;

### **Regular review**

The Case Manager must review the exclusion before the end of each four week period and report the outcome to the Chief Executive and the Board. This report is advisory and it would be for the Case Manager to decide on the next steps as appropriate. The exclusion should usually be lifted and the medical or dental practitioner allowed back to work, with or without conditions placed upon the employment, at any time the original reasons for exclusion no longer apply, and there are no other reasons for exclusion. The exclusion will lapse and the medical or dental practitioner will be entitled to return to work at the end of the four-week period if the exclusion is not actively reviewed.

Only the Designated Board Member should be involved to any significant degree in each review. Careful consideration must be given as to whether the interests of patients, other staff, the medical or dental practitioner, and/or the needs of the investigative process continue to necessitate exclusion and give full consideration to the option of the medical or dental practitioner returning to limited or alternative duties where practicable.

The Chief Executive and the Board will review exclusion before the end of each 4-week period and after three exclusions, the PPA will be contacted. If an exclusion continues for 6 months NHSI will also be informed.

#### **4.14 Different stages of Exclusion**

The next section outlines the activities that must be undertaken at different stages of exclusion.

##### **First and second reviews (and reviews after the third review)**

*Before the end of each exclusion (of up to 4 weeks) the Case Manager must review the position.*

- The Case Manager decides on next steps as appropriate, taking into account the views of the medical or dental practitioner. Further renewal may be for up to 4 weeks;
- The Case Manager submits an advisory report of outcome to Chief Executive and the Trust Board;
- Each renewal is a formal matter and must be documented as such;
- The medical or dental practitioner must be sent written notification on each occasion.

##### **Third Review**

*If the medical or dental practitioner has been excluded for three periods:*

- A report must be made to the Chief Executive and Board outlining the reasons for the continued exclusion, why restrictions on practice would not be an appropriate alternative and if the investigation has not been completed, a timetable for completion of the investigation.
- The Chief Executive must report to the PPA and the Designated Board member.
- The report must formally explain:
  - why continued exclusion is appropriate
  - what steps are being taken to conclude the exclusion, at the earliest opportunity;

##### **6 months review**

If the exclusion has been extended over six months a further position report must be made by the Chief Executive and the Board to NHSI and the PPA outlining:

- the reason for continuing the exclusion;
- anticipated time scale for completing the process;
- actual and anticipated future costs of exclusion.

PPA will form a view as to whether the case is proceeding at an appropriate pace and in the most effective manner and whether there is any advice they can offer.

Normally there should be a maximum limit of 6 months exclusion, except for those cases involving criminal investigations of the medical or dental practitioner concerned. The Trust and PPA will actively review those cases at least every six months. When an exclusion decision has been extended for 12 months in total, the Chief Executive and Board must inform PPA of what action is proposed to resolve the situation. This should include dates for hearings or give reasons for the delay.



#### **4.15 The role of the Board and Designated Board Member**

The Board is responsible for designating one of its non-executive members as a "Designated Board Member" under these procedures. The Designated Board Member is the person who oversees the Case Manager and Case Investigator during the investigation process and maintains momentum of the process.

The Designated Board Member has a responsibility for ensuring that these procedures are followed.

Board members may be required to sit as members of a disciplinary or appeal panel. Therefore, information given to the Board should only be sufficient to enable the Board to satisfy itself that the procedures are being followed. Only the Designated Board Member should be involved to any significant degree in each review.

The Designated Board Member's responsibilities include:

- Receiving reports and reviewing the continued exclusion from work of the medical or dental practitioner;
- Considering representations from the medical or dental practitioner about his or her exclusion;
- Considering any representations about the investigation;

#### **4.16 Returning to Work**

If it is decided that the exclusion should come to an end, there must be formal arrangements for the return to work of the medical or dental practitioner. It must be clear whether clinical and other responsibilities are to remain unchanged or what the duties and restrictions are to be and any monitoring arrangements to ensure patient safety.

#### **4.17 Medical or dental practitioner facing conduct or capability proceedings becoming unwell**

If an excluded medical or dental practitioner facing capability proceedings becomes ill, they will be subject to the Trust's standard attendance management procedures. The attendance management absence procedures take precedence over the conduct and capability procedures and the Trust will take reasonable steps to give the medical or dental practitioner time to recover and attend any hearing. Where the medical or dental practitioners' illness exceeds 28 days, they must be referred to the Occupational Health Service. Where the absence relates to muscular skeletal problems, stress at work and any accidents incurred at work where the employee is expected to be off for 7 days or more an immediate referral to the Occupational Health Service will be made. The Occupational Health Service will advise the Trust on the expected duration of the illness and any consequences it may have for the conduct or capability process and will also be able to advise on the medical or dental practitioners capacity for future work, as a result of which the Trust may wish to consider retirement on health grounds. Should employment be terminated as a result of ill health, the investigation should still be taken to a conclusion and the Trust form a judgement as to whether the allegations are upheld.

If, in exceptional circumstances, a hearing proceeds in the absence of the medical or dental practitioner, the medical or dental practitioner will have the opportunity to submit written submissions and/or have a representative attend in his or her absence. An example of an exceptional circumstance could be when an individual is too ill to attend a hearing and is content for the process to continue in their absence as the proceedings are due to health concerns only.

## **5. THE CASE MANAGER AND CASE INVESTIGATOR**

### **5.1 Case Manager**

The Case Manager will normally be the Clinical Manager. If the Clinical Manager has been extensively involved in the concern or is likely to be interviewed by the Case Investigator on any matter of substance, the GMPG will appoint an alternative Case Manager.

The Case Manager is responsible for ensuring that the investigation is conducted fairly and efficiently and they will ensure that they:

- Act as a co-ordinator between the medical or dental practitioner, the Case Investigator and others interviewed;
- Ensure confidentiality, proper documentation of the process and ensures access to any documentation required by the Case Investigator;
- Ensure the medical or dental practitioner and witnesses have appropriate support;
- Have no conflict of interest or appearance of bias;
- Are not involved in investigation detail itself;
- Write the terms of reference for the Case Investigator.

The first stage of the PPA's involvement in a case is exploratory – an opportunity to discuss the problem with an impartial outsider, to look afresh at the problem, see new ways of tackling it, possibly recognise the problem as being more to do with work systems than the medical or dental practitioner performance, or see a wider problem needing the involvement of an outside body other than the PPA.

The PPA can also undertake a formal clinical performance assessment when the medical or dental practitioner, the Trust and PPA agree that this could be helpful in identifying the underlying cause of the problem and possible remedial steps.

All formal correspondence received from PPA relating to an individual's process will be shared with the individual as and when it is received so they are aware of the discussions that have taken place.

### **5.2 Appointing a Case Investigator**

An appropriately experienced or trained person will be identified as the Case Investigator.

The Case Manager will draft the terms of reference for the case that will be given to the Case Investigator. A member of the HR team will support the drafting of this document.

The terms of reference may include:

- Issues to be investigated;
- Boundaries of the investigation;
- Period under investigation;
- Timescale for completion of investigation and submission of a report.

The medical or dental practitioner concerned must be informed promptly in writing by the Case Manager, when it has been decided that an investigation is to be undertaken, is made aware of the name of the Case Investigator and provided with the terms of reference. The medical or dental practitioner must be given the opportunity to see any correspondence, if the medical or dental practitioner so requests, relating to the case together with a list of the people that the Case Investigator intends to interview. The medical or dental practitioner must also be afforded the opportunity to put their view of events to the Case Investigator and be given the opportunity to be accompanied.

### **5.3 The role of Case Investigator**

The Case Investigator will be responsible for leading the investigation into the allegations or concerns about a medical or dental practitioner, establishing the facts and reporting the findings. A checklist outlining the key responsibilities of the role is in Appendix 2.

#### *The Case Investigator:*

- will arrange a meeting as soon as possible with the medical or dental practitioner to explain the process. This will normally be within the first few days of being appointed;
- must formally involve a senior member of medical staff where a question of clinical judgment is raised during the investigation process (applicable if the case investigator is not a clinical member of staff). Where no other suitable senior medical or dental practitioner is employed by the Trust, a senior medical or dental practitioner from another Trust should be involved;
- must ensure that confidentiality is respected whilst ensuring that the medical or dental practitioner is aware of the allegations made in relation to the case;
- must ensure that a written record is kept of the investigation;
- must co-operate with the Designated Board Member if required to do so.

The Case Investigator will not make the decision on what action should be taken.

At any stage of this process or subsequent disciplinary action the medical or dental practitioner may be accompanied in any interview or hearing by the medical or dental practitioners' representative.

The Case Investigator has wide discretion on how the investigation is carried out but in all cases the purpose of the investigation is to ascertain the facts in an unbiased manner. Investigations are not intended to secure evidence against the medical or dental practitioner and the Case Investigator is also required to collate evidence that provides mitigation to the allegations or exonerates the medical or dental practitioner.

If during the course of the investigation it transpires that the case involves more complex clinical issues than first anticipated, the Case Investigator will inform the Case Manager

and the Case Manager should consider whether an independent medical or dental practitioner from another Trust should be invited to assist.

In situations where further concerns are identified, the Case Investigator will inform the Case Manager and a decision taken as to whether the terms of reference should be amended. If so, the Case Manager will update the individual medical or dental practitioner highlighting the amended terms of reference and reasons for the amendments.

The Case Investigator should attempt to complete the investigation within 4 weeks of appointment and submit their report to the Case Manager within a further 5 working days. Any extension must be agreed by the Case Manager and the medical or dental practitioner informed of this extension in writing.

In cases where the medical or dental practitioner admits the allegations and provides a written statement to this effect, then it may be possible to go straight to a determination by the Case Manager without the need for a full investigation. However, the Case Manager must always seek advice from HR in such cases as even where an individual admits the allegations it may still be necessary to carry out a full investigation.

If, whilst under investigation, an individual becomes unwell and subsequently goes on sick leave, the investigation will continue whilst advice is obtained from Occupational Health as to whether the individual is fit to participate. The Case Manager will bear in mind that the question is not whether the medical or dental practitioner is fit for work but whether the medical or dental practitioner is fit to attend an investigatory meeting.

If the medical or dental practitioner is unfit to attend an investigatory meeting, the Case Investigator may give consideration to allowing the medical or dental practitioner to answer questions in writing, within a clearly defined timescale.

In considering any adjournments, the Case Investigator will bear in mind the need to conclude the investigation promptly whilst permitting the medical or dental practitioner the opportunity to put forward the medical or dental practitioners' explanation.

#### **5.4 Writing the report**

The report of the investigation should provide the Case Manager sufficient, unbiased, information to make a decision whether the case should be referred to a panel.

The report template (as found in the Conduct, capability, and Appeals Policies and Procedure for Practitioners Toolkit) must be used as the structure to present the findings.

#### **5.5 Determining the next steps**

For issues relating to conduct then the Case Manager will review all the information and decide whether the case will be referred to a relevant Disciplinary Hearing.

For issues relating to capability before making a decision whether the case should be referred to a capability panel the Case Investigator must give the medical or dental practitioner the opportunity to comment in writing on the factual content of the report produced by the Case Investigator. Comments in writing from the medical or dental

practitioner, including any mitigation, must be submitted to the Case Investigator within 10 working days of the date of receipt of the request for comments. In exceptional circumstances the deadline for comments from the medical or dental practitioner may be extended.

The Case Manager should decide what further action is necessary, if any, taking into account the findings of the report, any comments that the medical or dental practitioner has made and the advice of the PPA. The options include:

- Develop a remediation action plan;
- Counselling for related parties
- Formal hearing;
- The report and/or comments from the medical or dental practitioner now require restrictions on practice or exclusion from work;
- No action to be taken.

If it is felt that the situation warrants remediation then an action plan will be developed and this will be documented appropriately and copies placed on personal files and recorded on the central system in HR (in line with the Trusts Remediation Policy). The Case Manager will inform the medical or dental practitioner of the decision. If at any point of a remediation action plan being in place, a medical or dental practitioner fails to achieve the standards and improvements required, the case will be treated as a high level concern being returned back to the formal procedures to be followed as detailed in the flow chart (in Appendix 1.1).

When high level concerns are raised in relation to remediation an external PPA assessment may be required to provide a thorough and supportive remediation plan.

Additionally there may be occasions when a case has been considered by the PPA, but the advice of its assessment panel is that the medical or dental practitioners' performance is so fundamentally flawed that no educational and/or organisational action plan has a realistic chance of success. In these circumstances, the Case Manager must make a decision, based upon the completed investigation report and informed by the PPA advice, whether the case should be determined under the capability procedure.

If the medical or dental practitioner does not agree to the case being referred to the PPA, a panel hearing will normally be necessary. In this instance, the following procedure should be followed before the hearing:

## **5.6 Formal Hearing the pre-hearing process**

The Case Manager will write to the medical or dental practitioner (copying in the medical or dental practitioners' representative if already identified) without unreasonable delay and include:

- at least **7 working days'** notice of the conduct hearing or
- at least **20 working days'** notice of the capability hearing;
- written notice of the reasons for the disciplinary or capability hearing, including the specific allegations to be heard at the hearing and whether the potential outcome of the hearing could be dismissal;
- the date, time and venue for the hearing;

- confirm who will be in attendance at the hearing and their role at the meeting;
- notification that the medical or dental practitioner has the right to be accompanied by the medical or dental practitioners representative;
- request notification of the name and capacity of any medical or dental practitioner representative prior to the hearing;
- include a copy of any documents that the Trust intends to rely upon during the Hearing; including witness statements;
- confirm the name(s) of any witnesses that will be relied upon by the Trust, unless their identity should be protected.
- **Conduct Hearing** - state that the medical or dental practitioner must supply copies of any documentation, including the name(s) of any witness or witness statements, on which the medical or dental practitioner wishes to rely to be provided no later than 5 working days prior to the date of the hearing
- **Capability Hearing** - state that the medical or dental practitioner must supply copies of any documentation, including the name(s) of any witness or witness statements, on which the medical or dental practitioner wishes to rely to be provided no later than 10 working days prior to the date of the hearing
- **Capability Hearing** - it is the responsibility of either party to call witnesses. At least 5 working days before the hearing, the parties must exchange final lists of witnesses they intend to call to the hearing. The Chairman of the panel can invite the witness to attend where a witness' evidence is in dispute. Witnesses may be accompanied to the hearing but the person accompanying them may not participate in the hearing. Where only a synopsis of the witness' evidence has been provided in advance, the witness must provide evidence in person at the hearing unless the synopsis of evidence has been explicitly agreed by the other party.
- Stating that in the event of late evidence being presented, it is at the panel's discretion whether to admit late evidence or not. Furthermore it is at the panels' discretion to decide whether late evidence is to be admitted wholly or in part and whether the hearing should also be adjourned to allow the other party adequate time to prepare. If the evidence is relevant to the proceedings then it should not be discounted by the panel solely due to its late submission.

The panel retains the right, to proceed with the hearing in the medical or dental practitioners' absence if in the panel's opinion it is reasonable to do so.

- Should the medical or dental practitioners ill health be such that the panel decides the hearing will be adjourned the Trust will implement its usual attendance management procedure and involve the Occupational Health Service;
- Witnesses who have made written statements at the inquiry stage may, but will not necessarily, be required to attend the hearing unless either party notifies the other in good time of the need for their attendance. If evidence is contested and the witness is unable or unwilling to attend, the panel should reduce the weight given to the evidence. A final list of witnesses to be called must be given to both parties not less than five working days in advance of the hearing;
- If witnesses are required to attend the hearing and choose to be accompanied, the person accompanying them will not be able to participate in the hearing;
- It is the responsibility of the medical or dental practitioner to make relevant arrangements for their witnesses.

## **5.7 Confidentiality**

Employers must maintain confidentiality at all times. No press notice will be issued, nor the name of the medical or dental practitioner released, in regard to any investigation or hearing into disciplinary matters. The Trust will only confirm publicly that an investigation or disciplinary hearing is underway.

Personal data released to the Case Investigator for the purposes of the investigation must not be disproportionate to the seriousness of the matter under investigation. The Trust will operate consistently with the guiding principles of the Data Protection Act, and the General Data Protection Regulation (GDPR). For further information please see the link in the external information section.

## **6. THE HEARING FRAMEWORK**

Once it has been determined that there is a case to answer, the allegations will generally be either concerns of conduct or capability. However, it is possible those allegations may contain issues relating to both conduct and capability.

### **6.1 Dealing with matters of Conduct**

The panel composition is stated in section 9.4. The Chair reserves the right to have an additional appropriate advisory manager as part of the Panel e.g. where there is a clinical issue and the Chair is non-clinical.

The Chair will manage the hearing process and ensure that each side has the opportunity to present the evidence gathered, including any evidence given by witnesses appearing in person.

The Investigating Officer presents the evidence gathered during the investigation to the panel and responds to any questions.

The employee will be allowed to set out their case and answer any allegations that have been made. The employee will also have a reasonable opportunity to ask questions, present evidence, call relevant witnesses and be able to raise points about any information provided by witnesses.

The panel must consider the evidence presented by both the Case Investigator and the employee to ensure their understanding is complete, before reaching a decision.

The employee will be invited to the hearing in writing, giving at least 7 calendar days' notice of the hearing.

The Trust has developed a set of values and has established shared values and behaviours that it expects from all staff. This sets out acceptable standards of conduct and behaviour expected. Similar expectations are set out by the GMC and are outlined in the GMC 'Good Medical Practice' and 'Good Doctors, Safer Patients' and lapses are considered to be "misconduct".

Misconduct can cover a very wide range of behaviour. Examples of misconduct will vary greatly and are outlined in the Trusts, Disciplinary and Dismissal Policy and Procedure. Similarly the ACAS Code of Practice provides a non-exhaustive list of examples. Acts of misconduct may be simple and readily recognised or more complex and involved.

Each case must be investigated, but as a general rule no employee should be dismissed for a first offence, unless it is one of gross misconduct.

It is for the Trust to decide upon the most appropriate way forward, and this may include guidance from the PPA and an employment law specialist.

## **6.2 Action when investigations identify possible criminal acts**

Where an investigation establishes a suspected criminal action in the UK or abroad this must be reported to the police. The Trust will decide, based on the circumstances, whether to proceed, considering whether an investigation would impede a police investigation. In cases of fraud, the NHS Protect Service must be contacted via the Trusts Local Counter Fraud Specialist whose contact details are available on the Trusts intranet site.

## **6.3 Dealing with matters of Capability**

The causes of adverse events should not automatically be attributed to the actions, failings or unsafe acts of an individual alone.

However, there will be occasions where the Trust considers that there has been a clear failure by an individual to deliver an adequate standard of care, or standard of management, through lack of knowledge, ability or consistently poor performance. These are described as capability issues.

## **6.4 Hearing Panel Composition**

The procedure for conduct and capability concerns will follow the same format and process but panel members will differ as outlined below:

### ***Issues of Conduct***

- One of either the System Executive Medical Director or Medical Director (or nominee);
- A Director (or nominee)
- A Senior Manager or their nominated deputy;
- A medical or dental practitioner of the same specialty as the medical or dental practitioner under investigation not employed by the Trust (professional conduct matters only) as a non-voting advisor.

### ***Issues of Capability Concerns***

- One of either the System Executive Medical Director or an Medical Director (or nominee);
- The Chair or other Non-Executive Director of the Trust;



- A medically qualified member who is not employed by the Trust. In the case of clinical academics, a further panel member may be appointed in accordance with any protocol agreed between the Trust and the University.

The Panel will determine the outcome collectively, if necessary by majority vote. Both panels will be supported by a non-voting member of HR acting in an advisory capacity.

As far as is reasonably possible or practical, no member of the panel or advisers to the panel should have been previously involved in the investigation.

Consideration will be given to ensure that, wherever possible, the panel is representative of the diversity within our workforce for example gender and ethnic background.

### **6.5 Failure to Attend a Hearing**

If the medical or dental practitioner fails to attend a hearing, reasonable steps should be taken to establish the reason and, in the absence of any justifiable reason, the hearing will proceed in their absence.

Where, however, there is a justifiable reason consideration must be given to adjourning the hearing. Multiple adjournments should not be permitted and if the medical or dental practitioners unable to attend the hearing due to, for example, ill health, consideration should be given to other methods to permit the medical or dental practitioner to make representations on the evidence, for example a written statement.

The Panel will proceed on the second arranged date unless there are very exceptional circumstances.

### **6.6 Attendance / Representation at hearings**

The procedure at the hearing. The hearing should be conducted as follows:

- The panel (and its advisers as necessary), the medical or dental practitioner, the medical or dental practitioner representative and the Case Manager will be present at all times (save in exceptional circumstances) during the hearing. Witnesses will be admitted only to give their evidence and answer questions and will then retire;
- The Chair of the panel will be responsible for the proper conduct of the proceedings. The Chair should introduce all persons present and announce which witnesses are available to attend the hearing;
- The Chair will inform everyone at the hearing whether the use of digital recording is or is not permitted, and will explain how accurate notes of the meeting shall be made;
- The procedure for dealing with any witnesses attending the hearing shall be the same and shall reflect the order of presentation below.

#### **6.6.1 The order of presentation shall be:**

There are 6 stages to the conduct or capability Hearing that follow the following order;

1. Introductions;
2. Investigating Managers Presentation;

3. Employee's Presentation;
4. Witnesses;
5. Consideration;
6. Advising of the Outcome.

### **6.6.2 Introductions**

The Panel Chair must:

- Introduce all members of the panel and Employee Representatives;
- Confirm the reason for the hearing (conduct, capability or both) ;
- Outline the procedure and format of the hearing;
- Confirm the possible outcomes from the hearing;
- Confirm the right to be accompanied.

### **6.6.3 Case Managers Presentation**

The case manager will be required to present a verbal summary of the case and the outcome of the investigation. The hearing panel and the Employee and their representative, have the opportunity to ask the case manager questions.

The panel and employee will have received a copy of the case manager report before the hearing.

### **6.6.4 Employees Presentation**

The employee, and their representative have the opportunity to present their case, this should outline the main points and details relevant to the case.

The hearing panel and the Investigating Manager, have the opportunity to ask the employee questions.

The employee's representative can address the hearing and ask questions on the employee's behalf. The representative cannot answer questions directed to the employee on their behalf.

### **6.6.5 Witnesses**

Both parties have the opportunity to invite any witness(s) to be questioned. Witnesses must be relevant to the case and provide key information.

Witnesses can be questioned by the case manager, the employee and their representative and members of the hearing panel. It is the responsibility of the Chair of the panel to ensure that each party has the opportunity to question witnesses and that any questions are relevant.

Witnesses will attend the hearing to give evidence and answer any questions, they will then leave. Any companion accompanying a witness is not able to respond to any questions directed at the witness on their behalf.

The Chair shall invite the Case Manager to make a brief closing statement summarising the key points of the case.

The Chair shall invite the medical or dental practitioner and/or the medical or dental practitioners' representative to make a brief closing statement summarising the key points of the medical or dental practitioner's case. No new evidence may be submitted during the summarising of key points.

### **6.6.6 Consideration**

Having listened to the evidence presented by the case manager, the employee and any witnesses and reviewed the investigation report and any supplementary evidence and questioning, the hearing should be adjourned, to allow the Hearing panel to reach a decision.

In order to determine if an allegation of misconduct can be upheld the panel must find, on the facts and evidence presented, that the management case has been proven on the "balance of probabilities". This means that that the events as presented are more likely to have occurred than not. The panel must consider the facts and evidence, within a range of reasonable responses, and the outcome must be one that a reasonable employer would agree with.

The panel should consider all the evidence in reaching their decision and not prejudge the situation or the individuals involved. If the panel deems it necessary they may recall any witness or require additional information or other evidence to be produced to it, then both parties must be given adequate time to consider any such evidence.

Once the panel has reached a decision, they must consider if a disciplinary sanction is appropriate and if so at what level. At this point the panel can consider precedents which may exist, to ensure consistency and fairness.

### **6.6.7 Advising of the Outcome**

The panel must inform the employee of the outcome of the disciplinary hearing. In some cases it may be possible to reach a decision swiftly and inform the employee in person following an adjournment. Where reaching a decision is likely to take longer the panel chair should inform the employee when a decision is likely to be made.

The decision of the panel should always be confirmed in writing to the employee, within 7 working days of the hearing. Where a formal disciplinary sanction is issued, or in the case of a dismissal, the employee should be informed of their right to appeal against a sanction, when they are informed of the outcome.

## **6.7 Decision**

Prior to confirming any decision consideration should be given to any external issues that may impact upon the decisions, such as current UK Visa and Immigration legislation and an individual's grounds for right to work in the UK.

## **6.8 Informal Action following a Hearing**

The panel may decide that informal action is an appropriate response to issues of minor misconduct as an outcome following a Disciplinary Hearing. Informal action must be confirmed in writing, and for any informal action for capability concerns, identifying remedial actions to be taken by the employee including timescales and any support to be put in place. The employee must be advised that further incidents of the same nature may result in formal action being taken against them.

## **6.9 Formal Action following a Hearing**

Before deciding what form of action should be taken, if any, the Panel should consider:

- The employees live disciplinary record and;
- Mitigating circumstances which make it appropriate to lessen the severity of the penalty; and
- The action taken in similar cases in the past; and whether the proposed action is reasonable in the circumstances.

The panel have the power to make a range of decisions including the following:

- No action required;
- Remediation is necessary;
- Written warning that with an improvement plan setting out a specified time scale with a statement of what is required and how it might be achieved in cases of capability;
- Final written warning with an improvement plan setting out a specified time scale with a statement of what is required and how it might be achieved in cases of capability;
- Actions as an alternative to Dismissal (see below);
- Dismissal with notice;
- Immediate Dismissal for gross misconduct.

### *Action as an Alternative to Dismissal*

Certain exceptional circumstances may in cases of gross misconduct result in another enforced penalty as an alternative to dismissal such as demotion, transfer or loss of responsibilities (such as clinical lead roles). In such cases the employee will also be issued with a final written warning. Any action as an alternative to dismissal will be subject to HR advice.

In certain circumstances consideration should be given to other forms of action and may include:

- Counselling for related parties;
- Mediation (either internal or external);
- Other work place action, such as redeployment.

A record of remediation agreements and written warnings should be kept on the medical or dental practitioner's personnel file but should be destroyed after the specified period.

## **6.10 Decision Communication**

The decision of the panel should be communicated to all parties as soon as possible and normally within 7 working days of the hearing.

The decision must be confirmed in writing to the medical or dental practitioner. The letter must include the following;

- the allegations against the medical or dental practitioner;
- the decision(s) of the panel;
- the reasons for the decision;
- the disciplinary sanction imposed and the rationale for the level of sanction;
- the timescale over which the sanction is effective (if appropriate);
- any special conditions applying to the sanction, e.g. in cases of poor performance an action plan setting out the improvements that are expected, timescales for improvements, supervision requirements, review periods;
- the consequences of any further misconduct/failure to improve performance to a satisfactory level;
- notification that the details of the sanction taken will be retained on file;
- notification of the right of appeal against the decision in accordance with section 10 of this policy and procedure.

## **6.11 Terms for Settlement on Termination of Employment**

In some circumstances, terms of settlement may be agreed with a medical or dental practitioner if their employment is to be terminated.

# **7. THE APPEALS PROCEDURE**

## **7.1 The Appeal Process**

It is in the interests of all concerned that appeals are heard speedily and as soon as possible after the original hearing. The following timetable will apply in all cases:

- Appeal by written statement to be submitted to the Executive Director of Workforce and Organisational Development within 25 working days of the date of the written confirmation of the original decision. Any appeal raised should clearly identify the reasons for requesting an appeal
- The Trust will use its best endeavours to ensure the appeal hearing takes place within 25 working days of date of lodging appeal.
- At least 10 working days before the appeal hearing, the appeal panel shall notify the parties if it considers it is necessary to hear evidence from any witness. In the event the panel requires a witness to be called, the Chair shall liaise with the HR Department for the witness to supply a written statement to both parties 5 working days in advance of the hearing;
- At least 10 working days before the hearing the practitioner shall confirm to the

Executive Director of Workforce and Organisational Development whether they have any additional evidence on which they intend to rely. Copies of any documents or witness statements shall be provided with the notice of intention to call additional evidence.

- At least 5 working days before the hearing, Executive Director of Workforce and Organisational Development shall confirm to the panel and the practitioner whether they have any additional evidence on which they intend to rely. Copies of any documents shall be provided. If the Executive Director of Workforce and Organisational Development response to the practitioner's grounds of appeal is other than as set out in the written decision of the capability panel, the Case Manager must provide this response, in written form, to the practitioner no later than 5 working days before the appeal hearing.
- The appeal outcome will be communicated to the medical or dental practitioner within 5 working days of the conclusion of the hearing.

Any application for any extension of time must be made to the Chair of the appeal panel.

Where the appeal is against dismissal, the medical or dental practitioner should not be paid from the date of dismissal until the determination of the appeal. Should the appeal be upheld, the medical or dental practitioner should be reinstated and must be paid backdated to the date of termination of employment less any payments the medical or dental practitioner has received in the interim.

## **7.2 The Appeal Panel**

The panel will consist of three members;

- An independent person (trained in legal aspects of appeals) from an approved pool appointed by the NHS Employers. This person will act as the Chairman of the appeal panel;
- The Trust's Chair or another Non-Executive Director (other than the Designated Board Member);
- A medical practitioner of the same specialty as the medical or dental practitioner appealing but not employed by the Trust.

Where the practitioner is a clinical academic, a further panel member may be appointed in accordance with any agreed protocol between the Trust and the relevant University.

The appeal panel may be advised by:

- An consultant or clinical academic from the same speciality or sub-speciality of the practitioner who is not employed by the Trust;
- The System Executive Director of People and Digital or nominated member of HR.

The appeal panel will be supported by a non-voting member of HR.

Consideration will be given to ensure that, wherever possible, the panel is representative of the diversity within our workforce for example gender and ethnic background.

### **7.3 Powers of the appeal panel**

The appeal panel has the right to call witnesses of its own volition, but notify both parties at least 10 working days in advance of the hearing and provide them with a written statement from any such witness at the same time.

Exceptionally, where during the course of the hearing the appeal panel determines that it needs to hear the evidence of a witness not called by either party, then it shall have the power to adjourn the hearing to allow for a written statement to be obtained from the witness and made available to both parties before the hearing reassembles.

If, during the course of the hearing, the appeal panel determines that new evidence needs to be presented, it should consider whether an adjournment is appropriate. Much will depend on the weight of the new evidence and its relevance.

### **7.4 Conduct of appeal hearing**

#### **7.4.1 The order of presentation shall be:**

The following are the stages of the Appeal Hearing;

1. Introductions;
2. Employee's Presentation;
3. Hearing Managers Presentation;
4. Witnesses (if Applicable);
5. Summing Up;
6. Consideration;
7. Advising of the Outcome.

#### **7.4.2 Introductions**

The Panel Chair must:

- Introduce all members of the panel and Employee Representatives;
- Confirm the reason for the appeal hearing;
- Outline the procedure and format of the hearing;
- Confirm the possible outcomes from the hearing;
- Confirm the right to be accompanied.

#### **7.4.3 Employees Presentation**

The employee and their representative have the opportunity to present their case for the appeal, this should outline the main points and details of the grounds for the appeal.

The appeal panel and the Chair (or nominated member) of the original panel, have the opportunity to ask the employee questions.

The employee's representative can address the hearing and ask questions on the employee's behalf. The representative cannot answer questions directed to the employee on their behalf.

#### **7.4.4 Chair of Original Hearing Presentation**

The Chair (or nominated member) of the original hearing panel will be required to present a verbal summary of the hearing and the outcome.

The appeal panel and the employee and their representative, have the opportunity to ask the Chair (or nominated member) of the original hearing questions.

#### **7.4.5 Witnesses**

Both parties have the opportunity to invite any witness(es) to be questioned. Witnesses must be relevant to the case and provide key information.

Witnesses can be questioned by the chair (or members) of the original hearing, the employee and their representative and members of the appeal panel. It is the responsibility of the Chair of the appeal hearing to ensure that each party has the opportunity to question witnesses and that any questions are relevant.

Witnesses will attend the appeal hearing to give evidence and answer any questions, then they will leave. Any companion accompanying a witness is not able to respond to any questions directed at the witness on their behalf.

#### **7.4.6 Summing Up**

The Chair of the Appeal panel shall invite the employee and/or the employees representative to make a brief closing statement summarising the key points of their case. No new evidence may be submitted during the summarising of key points.

The Chair of the Appeal hearing shall invite the Chair (or nominee) of the original hearing panel to make a brief closing statement summarising the key points of the case.

#### **7.4.7 Consideration**

Having listened to the evidence presented by the employee, Chair (or nominee) of the original hearing panel and any witnesses and reviewed the investigation report and any supplementary evidence and questioning, the appeal hearing should be adjourned, to allow the Appeal panel to reach a decision.

The Appeal panel should consider all the evidence in reaching their decision and not prejudge the situation or the individuals involved. If the panel deems it necessary they may recall any witness or require additional information or other evidence to be produced to it, then both parties must be given adequate time to consider any such evidence prior to the appeal decision being reached..

#### **7.4.7 Advising of the Outcome**

The Appeal panel must inform the employee of the outcome of the Appeal hearing. In some cases it may be possible to reach a decision swiftly and inform the employee in person following an adjournment. Where reaching a decision is likely to take longer the panel chair should inform the employee when a decision is likely to be made.



The decision of the Appeal panel should always be confirmed in writing to the employee, within 5 working days of the hearing.

## **7.5 Decision**

The decision of the appeal panel shall be in writing to the employee within 5 working days of the conclusion of the hearing.

The appeal panel will determine one or a combination of the following decisions:

- That the original decision(s) was upheld;
- That the original decision (s) was not upheld;
- That the original decision(s) was not appropriate, and impose a lesser sanction;
- That the original decision(s) was not appropriate, and withdraw the sanction.

The decision of the appeal panel is final and there is no further recourse via any internal route.

## **7.6 Action following hearing**

Records (including a report detailing the capability or conduct issues, the medical or dental practitioner's defence or mitigation, the action taken and the reasons for it) will be kept in in accordance with relevant legislation and guidelines. The Trust will safeguard the security and confidentiality of this record, complying with the requirements of the General Data Protection Regulation (GDPR) and UK Data Protection Act 2018 (DPA). Records will be retained and disposed of according to the Trust's corporate records processes and retention schedules and other relevant guidelines such as NHS Digital's Records Management Code of Practice for Health and Social Care 2016. In addition Records will be made available to those with a legitimate call upon them (such as the medical or dental practitioner, any Regulatory Body, or in response to a direction from an Employment Tribunal) ensuring that any such disclosures meet the Trust's GDPR and DPA obligations.

## **7.7 Termination of Employment with Performance Issues Unresolved**

Where a medical or dental practitioner leaves employment before disciplinary procedures have been completed, the investigation must be completed wherever possible, whatever the personal circumstances of the medical or dental practitioner concerned.

Every reasonable effort must be made to ensure the medical or dental practitioner remains involved in the process. If contact with the medical or dental practitioner has been lost, the Trust will invite them to attend any hearing by writing to their last known home address. The Trust will make a judgement, based on the evidence available, as to whether the allegations about the medical or dental practitioners conduct or capability are upheld.

Information regarding the outcome of any process will then be shared with either the individual's current Responsible Officer, or regulatory body.

## **8. HANDLING CONCERNS ABOUT A MEDICAL OR DENTAL PRACTITIONERS HEALTH**

A wide variety of health problems can have an impact on a medical or dental practitioner's clinical performance. These conditions may arise spontaneously or be as a consequence of work place factors such as stress.

The principle for dealing with medical or dental practitioner with health issues is that, wherever possible and consistent with reasonable public protection, they should be treated, rehabilitated or re-trained and kept in employment, rather than be lost from the NHS.

### **8.1 Retaining the services of medical or dental practitioners with health problems**

At this stage, the Trust Attendance Management procedure will be followed and a referral made to the Trust Occupational Health Service to gain advice. The outcomes may include:

- sick leave for the medical or dental practitioner;
- remove the medical or dental practitioner from certain duties;
- reassign the medical or dental practitioner to a different area of work (where possible);
- arrange re-training or adjustments to their working environment, with appropriate advice from the PPA and/or deanery, and /or under the reasonable adjustment provisions in the Equality Act 2010

### **8.2 Reasonable adjustments**

At all times the medical or dental practitioner will be supported by the Trust and the Occupational Health Service who should ensure that the medical or dental practitioner is offered reasonable resources to get back to practise where appropriate. The Trust should consider what reasonable adjustments could be made to their workplace or other arrangements.

Examples of reasonable adjustment

- Making adjustments to the premises;
- Re-allocate some of the medical or dental practitioners duties to another;
- Transfer a medical or dental practitioner to an existing vacancy;
- Alter the medical or dental practitioners working hours or pattern of work;
- Assign the medical or dental practitioners to a different workplace (where possible);
- Allow the medical or dental practitioner absence for rehabilitation, assessment or treatment;
- Provide additional training or retraining;
- Acquire/modify equipment;
- Modifying procedures for testing or assessment;
- Providing a reader or interpreter;
- Establish mentoring arrangements.

In some cases retirement due to ill health may be necessary. Ill health retirement should be approached in a reasonable and considerate manner, in line with NHS Pensions

Agency advice. However, it is important that any issues relating to conduct or capability that have arisen are resolved, using the agreed procedures where this is appropriate.

### **8.3 Handling health issues**

Where there is an incident that points to an issue with the medical or dental practitioners' health, the incident may need to be investigated to determine a health problem. If the report recommends occupational health service involvement, the clinical or case manager must immediately refer the medical or dental practitioner to a qualified occupational physician, or nurse, with the occupational health service.

PPA should be approached to offer advice on any situation and at any point where the Trust is concerned about a medical or dental practitioner.

A referral to the Occupational Health Service should be made by the Clinical and /or Case Manager. Confidentiality must be maintained by all parties at all times.

If a medical or dental practitioner's ill health makes them a danger to patients and they do not recognise that, or are not prepared to co-operate with measures to protect patients, then exclusion from work and referral to the professional regulatory body must be undertaken, irrespective of whether or not they have retired on the grounds of ill health.

In those cases where there is impairment of performance is solely due to ill health, formal procedures will be considered only in the most exceptional of circumstances, for example if the individual concerned refuses to co-operate with the Trust to resolve the underlying situation e.g. by repeatedly refusing a referral to the Occupational Health Service or PPA. In these circumstances the Trust will continue to move through the relevant stages outlined in this procedure.

There will be circumstances where a medical or dental practitioner who is subject to disciplinary proceedings puts forward a case, on health grounds, that the proceedings should be delayed, modified or terminated. In such cases the Trust is expected to refer the medical or dental practitioner to the Occupational Health service for assessment as soon as possible. The Occupational Health service should determine whether the medical or dental practitioner is fit to be involved with any investigation process or to attend a hearing if they are not in work. Unreasonable refusal to accept a referral to, or to co-operate with, the occupational health service under these circumstances, may give separate grounds for pursuing disciplinary action.

### **8.4 Practitioners in training grades where ill health issues arise**

Where a concern involves a training grade practitioner, the Trust shall seek advice from the Post Graduate Dean in each of the situations set out above.

## **9. TRAINING AND SUPPORT**

Training will be delivered at key times for Case Managers and Case Investigators in how to undertake the specific roles in relation to the Trust's Conduct, Capability, Ill Health and Appeals Policies and Procedures for Practitioners

## 10. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Overall process	Investigating any issues that arise in the application of the process	HR	JLNC	Annually

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the *name of relevant committee* minutes
- Risks will be considered for inclusion in the appropriate risk registers

## 11. ASSOCIATED DOCUMENTATION

*The most up to date versions of the following documents can be found on the Trusts intranet pages:*

- Dignity and Respect at Work Policy
- Attendance Management Policy and Procedure
- Raising Concerns Policy
- Remediation policy for medical and dental staff
- Disciplinary Policy and Procedure

## 12. RELATED EXTERNAL GUIDANCE

GMC Good Medical Practice – GMC, 2013, *Good Medical Practice*. Available from <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice> [Accessed 29/07/2019]

UK Statutory Instrument: The Medical Profession (Responsible Officers) Regulations 2010 No. 2841, Available from

<http://www.legislation.gov.uk/ukxi/2010/2841/contents/made> [Accessed 29/07/2019]

NHS England – responding to concerns webpages – available from

<https://www.england.nhs.uk/medical-revalidation/ro/resp-con/> [Accessed 29/07/2019]

NHS England: How to conduct a local performance investigation, (2010), Available from <https://resolution.nhs.uk/resources/how-to-conduct-a-local-performance-investigation> [Accessed 29/07/2019]

NHS Resolution: Guide for healthcare practitioners (2018), Available from

<https://resolution.nhs.uk/resources/guide-for-healthcare-practitioners/> [Accessed 29/07/2019]

NHS Resolution: Guide to assisted mediation (2018), Available from

<https://resolution.nhs.uk/resources/guide-to-assisted-mediation/> [Accessed 29/07/2019]

NHS Revalidation Support team, *Supporting Doctors to Provide Safer Healthcare*, 2013, Available from <https://www.england.nhs.uk/revalidation/wp->

[content/uploads/sites/10/2014/03/rst supporting doctors providing safer healthcare 20131.pdf](https://www.england.nhs.uk/wp-content/uploads/sites/10/2014/03/rst-supporting-doctors-providing-safer-healthcare-20131.pdf) [Accessed 29/07/2019]

NHS Revalidation Support team, *Establishing the level of concern*, 2012, Available from <https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2014/05/est-lvl-conc-defs-frmwrk.pdf> [Accessed 29/07/2019]

NHS England, *Framework for managing performer concerns*, Revised 2018, Available from <https://www.england.nhs.uk/wp-content/uploads/2017/04/framework-managing-performer-concerns-v3.pdf> [Accessed 29/07/2019]

NHS England Guidance on Revalidation, Available from

<https://www.england.nhs.uk/medical-revalidation/> [Accessed 29/07/2019]

Information Commissioners Officer – Guide to Data Protection - <https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/principles/> [Accessed 29/07/2019]

### **13. DUTIES (ROLES & RESPONSIBILITIES):**

#### **13.1 Chief Executive / Trust Board Responsibilities:**

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

#### **13.2 System Executive Medical Director (or nominee) Responsibilities:**

The System Executive Medical Director, will oversee the Conduct, Capability, and Appeals Policies and Procedures for Practitioners process. The Executive Medical Director (or nominee) alongside the Responsible Officer Advisory Group will decide if referral to a professional body is appropriate, prior to, during or following the preliminary investigation or at any stage during the investigation or process or immediately thereafter.

#### **13.3 System Executive Director of People and Digital Responsibilities:**

The System Executive Director of People and Digital has responsibility for the policy and procedure and will delegate the day-to-day implementation of the policy and procedure to Trust Managers.

#### **13.4 Managers Responsibilities:**

Managers are responsible for ensuring adequate dissemination and implementation of policies relevant to the staff in their areas. Managers are also responsible for making sure staff understand how to access can access policies on the Trust's Intranet.

#### **13.5 Staff Responsibilities:**

All staff are responsible for co-operating with the development and implementation of Trust policies as part of their normal duties and responsibilities. They are responsible for ensuring that they maintain up to date awareness of corporate and local policies with regard to their own and their staff roles and responsibilities.

A medical or dental practitioner undergoing a process must cooperate with any fair and reasonable request as part of the process. Failure to cooperate may be seen as evidence of lack of willingness on the part of the medical or dental practitioner to work with the employer on resolving any issues. If the practitioner chooses not to cooperate it may limit the options open to the Trust and may lead to disciplinary action.

**13.6 Approving Committee / Board Responsibilities: Joint Local Negotiating Committee**

This policy and procedure will be kept under review and any amendments to it will be made only after consultation with the Joint Local Negotiating Committee unless changes are required by legislation, Government or Regulator requirements. The operation of the procedure will be reviewed after three years. The policy and procedure will remain in force until reviewed.

**14. ABBREVIATIONS / DEFINITION OF TERMS USED**

<b>ABBREVIATION</b>	<b>DEFINITION</b>
GMPG	Good Medical Practice Group
PPA (formerly NCAS)	Practitioner Performance Advice – <i>formerly National Clinical Advisory Service (NCAS)</i>
RO	Responsible Officer
HR	Human Resources
OD	Organisational Development
MD	System Executive Medical Director
GMC	General Medical Council
GDC	General Dental Council
NHSI	NHS Improvement
JLNC	Joint Local Negotiating Committee
HPAN	Healthcare Professional Alert Notice (via PPA)
BMA	British Medical Association
DPA	Data Protection Act
GDPR	General Data Protection Regulation

The following definitions are contained in this policy:

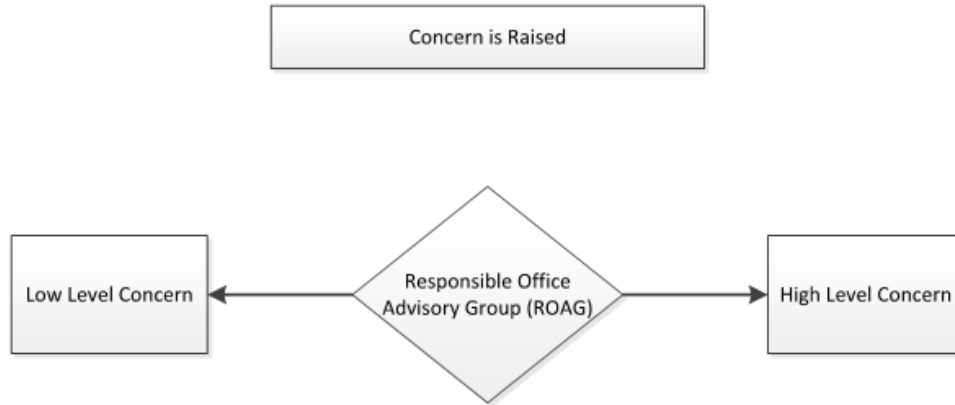
<b>TERM USED</b>	<b>DEFINITION</b>
Medical Practitioners Representation	The chosen representative may be a fellow worker, an official employed by a trade union or defence organisation. A trade union representative who is not an employed official must have been certified by their union as being competent to accompany a worker. A fellow worker must be an employee of the Trust.

TERM USED	DEFINITION
	The companion may address the hearing in order to present the medical or dental practitioner's case, question witnesses, sum up the medical or dental practitioner's case and respond on the medical or dental practitioner's behalf to any view expressed at the hearing. The companion may not answer questions on behalf of the medical or dental practitioner.
Medical Practitioners	Term used covers medical staff working as both Medical or dental practitioners and/ or Dentists
Counselling by the Manager	An informal discussion with the objective of encouraging and helping the medical or dental practitioner to improve.
Good Medical Practice Group (GMPG)	The GMPG will assess the level of concern and make a preliminary decision on category and level and what action should follow, including commissioning of an investigation, remediation and/or restriction of practice or immediate exclusion.
Clinical Manager	A person to whom initial concerns identified about a medical or dental practitioner in their team should be reported. A Clinical Manager looks into the case and where necessary gathers facts in order to make an initial judgement. The clinical manager does not have to be a clinician in all cases.
Case Manager	A person assigned to ensure that all allegations or concerns are properly investigated.
Case Investigator	A person assigned to lead the investigation into the allegations or concerns, establishing the facts and reporting findings
Designated Board Member	A non-executive director appointed by the Trust Chair to oversee the case and ensure momentum is maintained and to review, if requested, any restriction or exclusion
Determining Manager	A manager (not the Clinical Manager) appointed to make a decision at a hearing about any sanction that could be imposed after hearing evidence from both parties. This should be a manager with the relevant level of authority.
Restriction	The procedure where the Trust requires the medical or dental practitioner to refrain from undertaking certain specific elements of their role for a period of time while the investigation proceeds which are reasonable in the opinion of the Trust.
Exclusion	The procedure where the Trust requires the medical or dental practitioner to refrain from attending work for a period of time while the investigation proceeds and where there is no other viable alternative in the reasonable opinion of the Trust.
Disciplinary Sanction	Action imposed after a formal disciplinary hearing.
Spent	When a disciplinary sanction has passed the period of time that it is 'live' and therefore should be disregarded in relation to determining the level of any future disciplinary action.
Remediation	A process to support the management of concerns. I.e. the act of correcting behaviour or skills deficits which would include, but not limited to, concerns arising from assessment, review or appraisal. Remediation is not a disciplinary sanction. Remediation processes follow a separate trust policy – <i>Remediation Policy for Medical and Dental Staff</i> .

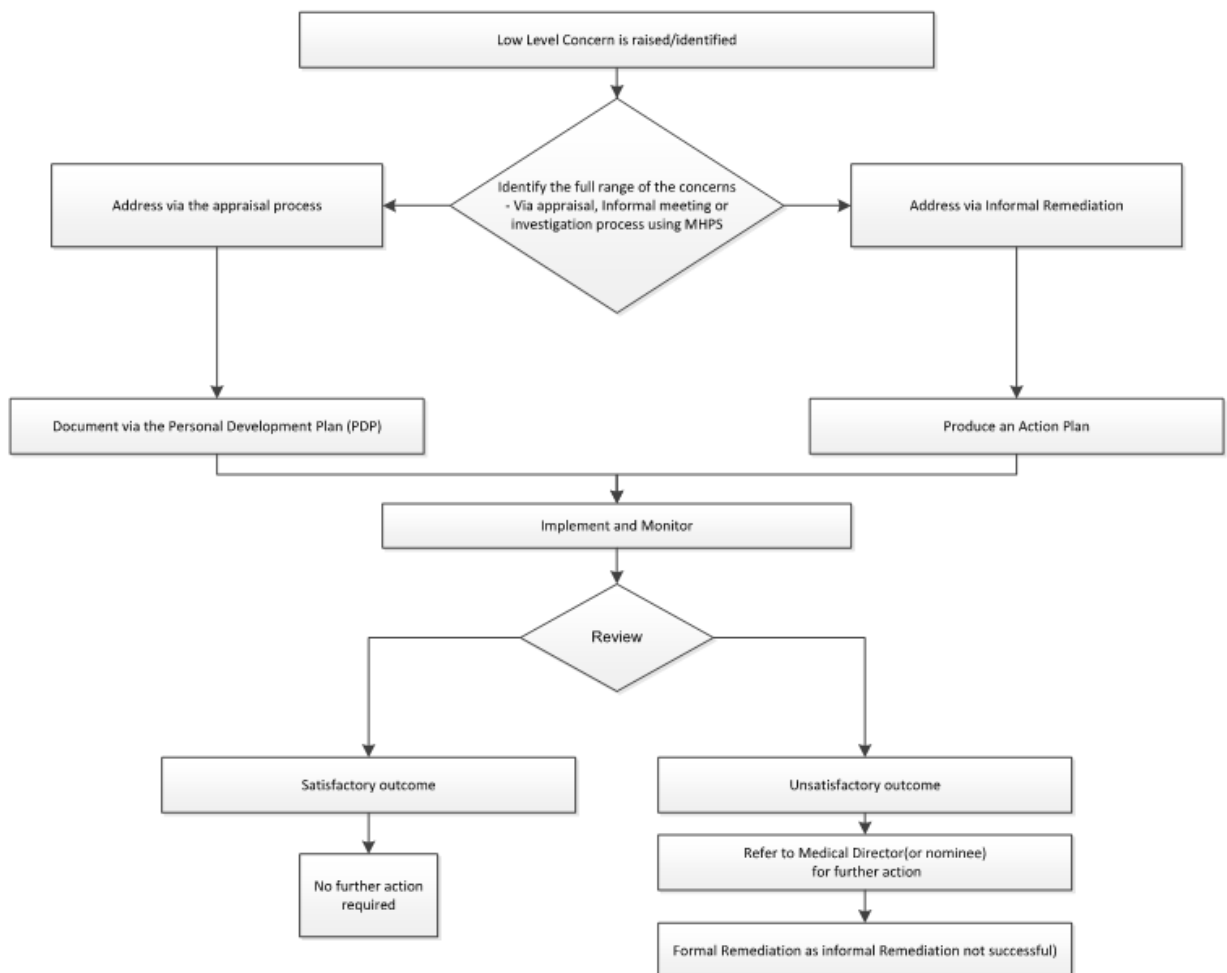




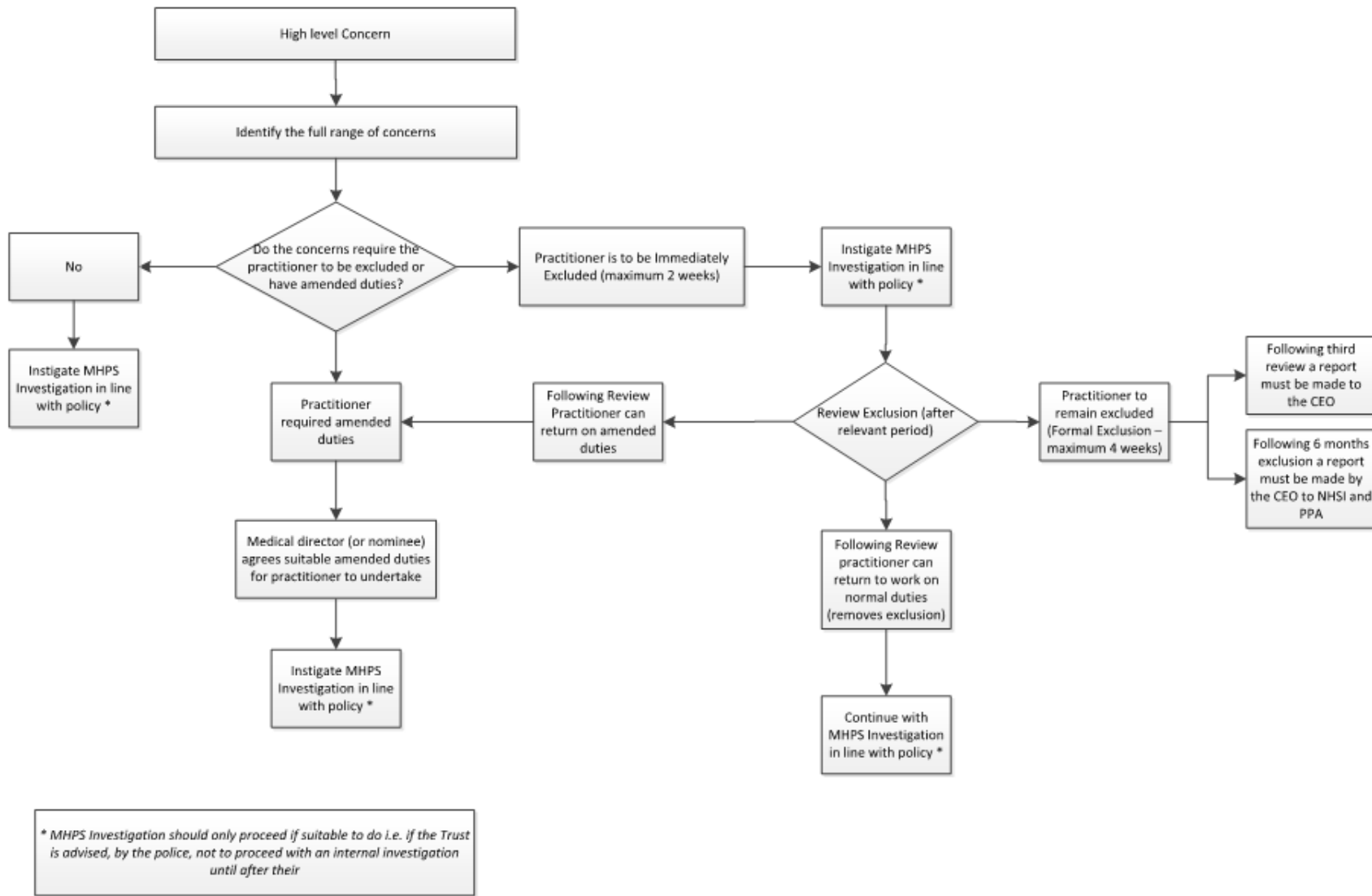
### APPENDIX 1 – WHEN A CONCERN IS RAISED



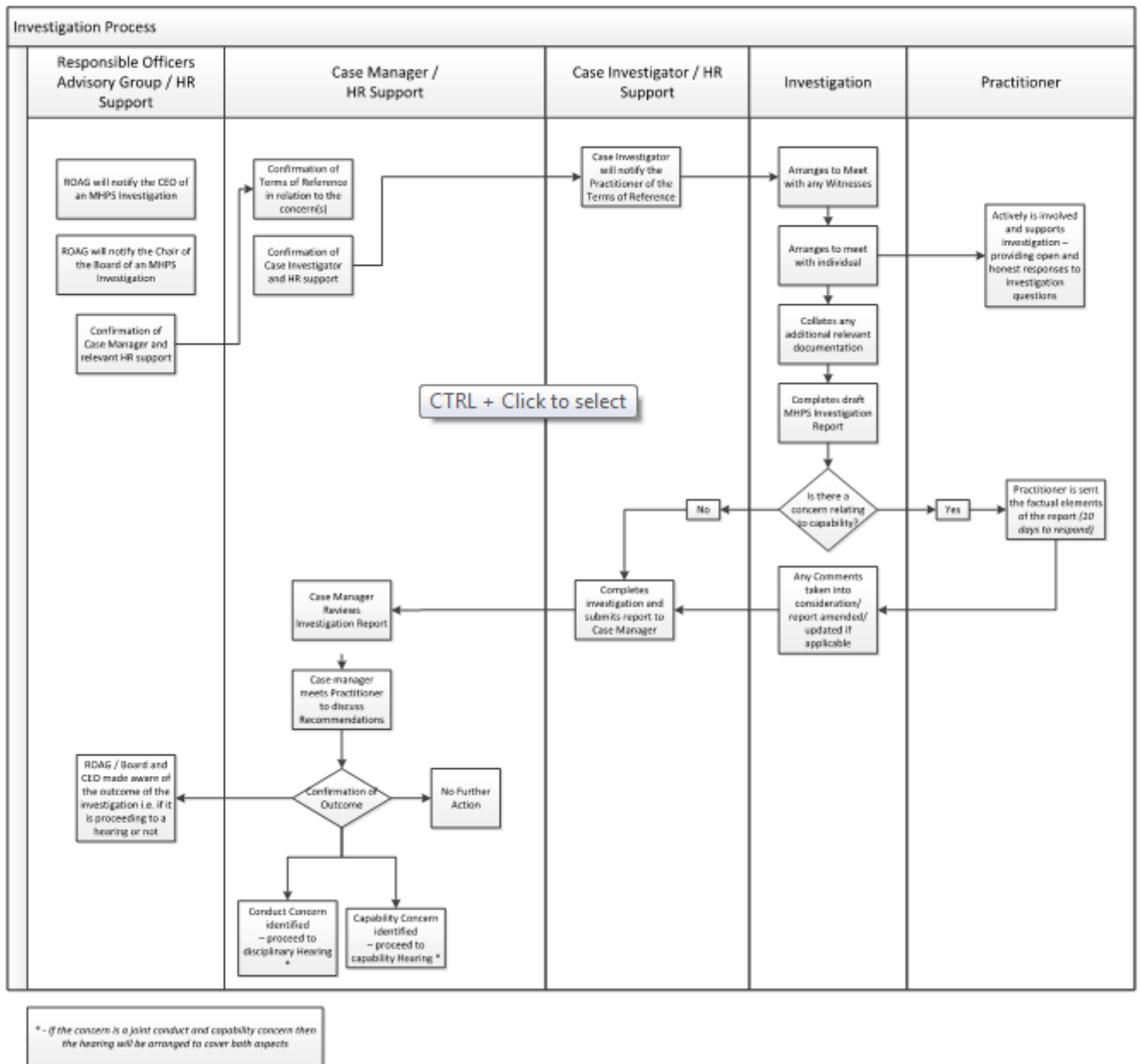
### APPENDIX 1.1 – RAISING LOW LEVEL CONCERN



### APPENDIX 1.2 – RAISING HIGH LEVEL CONCERN



### APPENDIX 1.3 – INVESTIGATION PROCESS



## **APPENDIX 2 - A CHECKLIST OUTLINING THE KEY RESPONSIBILITIES OF THE CASE INVESTIGATOR**

The below is a very brief, high level overview of the requirements of a case investigator. Depending upon the complexities of the case will depend upon how the case investigator attempts to establish all the facts.

- Write to the Medical or Dental practitioner to explain the process
- Confirm understanding of the Terms of Reference
- Consider any preliminary evidence provided alongside the Terms of Reference
- Must involve a relevant clinician in the investigation if sub specialty specific information is required
- Decide any appropriate persons to interview
  - Arrange interviews
  - Ensure interviews are documented
- Decide on whether any additional relevant documentation may be required, such as Incident Reports, and obtain these as part of the investigation
- Produce a final written report
  - If the concern relates to capability then the Medical or Dental practitioner is allowed time to comment on the factual elements of the report, so this must be sent to them
  - If the concern relates to conduct then a final report must be submitted to the case manager

If, at any stage, information arises which is an additional concern, this must be escalated to the case manager asking them whether they wish to amend the current terms of reference to include the additional concern. If the decision is not to include this then the avenue of investigation is closed.

**APPENDIX 3 – GOOD MEDICAL PRACTICE GROUP TERMS OF REFERENCE**

1	Name of Task Group	Good Medical Practice Group
2	Connectivity Reports to	Trust-wide Clinical Governance Group
3.	Chair  Vice Chair	Dr Rod Harpin Deputy Medical Director/ Responsible Officer;  Dr Samuel Dearman Deputy Responsible Officer
4.	Director Sponsor	Dr Rod Harpin Executive Medical Director/ Responsible Officer;
5.	Members of the Task Group	Medical Director Responsible Officer; Deputy Responsible Officer; Senior Representative from Human Resources Lay Person (Trust employee)  Others to be included as and when required; this can include Clinical Leaders, Case Managers etc.
6.	Review date for task group terms of reference / structure	Annually  Next review date: TBC
7.	Frequency of meetings	Monthly
8.	Purpose	The group will be responsible for:  Monitoring all concerns, deciding initial actions depending on their level of concern and appointing RC Coordinators
9.	Principal Functions	<ul style="list-style-type: none"> <li>• To receive and consider concerns from anyone and to determine the level of concern.</li> <li>• To request further information when the level of concern cannot be adequately assessed.</li> <li>• To share concerns with Practitioner’s Clinical Leader/ any relevant parties.</li> <li>• To refer the concern back to the Practitioner’s Clinical Leader to manage through supervision when the level of concern is deemed to be low.</li> <li>• To manage the concern formally, through Remediation Action planning and the recording of the concern on the Performance and Development Log, when the level of concern is deemed to be medium /high.</li> <li>• To monitor progress of remediation action plans put in place.</li> </ul>

		<ul style="list-style-type: none"><li>• To monitor progress of formal investigations put in place.</li><li>• To ensure that the practitioner involved in the concern receives sufficient support during a potentially stressful time and where necessary is offered an Occupational Health assessment.</li></ul>
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**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	N/A
<b>Sub-Committee &amp; Approval Date</b>	Joint Local Negotiating Committee (JLNC) 22/07/2019

**History of previous published versions of this document:**

Trust	Version	Ratified Date	Review Date	Date Published
NCUH	3.0	29/09/2018	31/08/2019	29/09/2018
NCUH	2.0	28/02/2014	31/05/2017	28/05/2014
NCUH	1.0 HR15	07/03/2013	30/11/2013	01/08/2013
CPFT	POL/004/035	01/06/2016	30/06/2019	09/08/2016

**Statement of changes made from previous version**

Version	Date	Section & Description of change
0.1	22/07/2019	<ul style="list-style-type: none"> <li>New Joint Policy in new template</li> </ul>
0.2	08/06/2019	<ul style="list-style-type: none"> <li>Formatting</li> </ul>

**List of Stakeholders who have reviewed the document**

Name	Job Title	Date
Dave Steele	HR Business Partner, Medical Workforce	
Isla Edgar / Christine Lightfoot	Principal HR Business Partners	
JLNC	Medical and Dental Practitioners	22/07/2019