

East London and The City



Mental Health NHS Trust

**Procedure for the initial handling of concerns
about Doctors and Dentists**

Version 1.0

(status - final)

**ELCMHT – Procedure for the initial handling of concerns about Doctors and Dentists –
Version 1.0 (final)**

Document control summary

Title	Procedure for the initial handling of concerns about Doctors and Dentists
Purpose of document	This is a policy Procedure for the initial handling of concerns about Doctors and Dentists and is modelled on a Department of Health document which all Trusts are required to have in place
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Version	Date	Status	Comment/Changes
1.0	18-5-2004	Final	

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Procedure for the initial handling of concerns about Doctors and Dentists.

1.0 INTRODUCTION

1.1 The Department of Health has published a framework to replace the existing guidance on the suspension of doctors and dentists- *"Maintaining High Professional Standards in the Modern NHS: a framework for the initial handling of concerns about doctors and dentists in the NHS"* (HSC 2003/012 published 29/12/03)

1.2 The aim of the new arrangements is to reduce the number of doctors suspended and the length of time suspensions last

1.3 The framework covers:

- The action to be taken when a concern about an employed doctor first arises; and
- the action to consider how best to protect the public such as restrictions on practice or excluding a practitioner from work (previously called suspension)

1.4 The new framework fully integrates the work of the National Clinical Assessment Authority in providing assistance to NHS employers on the handling of cases. In particular, the framework provides for:

- an immediate exclusion from work of no more than two weeks;
- any formal exclusion must be limited to four week periods which must be subject to active review;
- improved case management;
- quick but thorough investigation;
- The appointment of a Board member to oversee exclusion and subsequent action; and
- a programme for return to work where the doctor is not referred to disciplinary or capability procedures.

1.5 This procedure is applicable to all doctors within the Trust senior or trainee, substantive or locum or honorary and should be read in conjunction with HSC 2003/012 *Maintaining High Professional Standards in the Modern NHS*.

2.0 ACTION WHEN A CONCERN ARISES

2.1 Concerns expressed by health professionals, healthcare managers, students or non-clinical staff should be discussed with the individuals Clinical Director or Medical Director.

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- 2.2 Concerns about the capability of doctors in training should be discussed initially as training issues and should first be considered by the relevant consultant. The consultant will decide at what stage it is appropriate to involve the postgraduate dean and clinical director or medical director.
- 2.3 All concerns should be brought to the attention of the Medical Director, if concerns relate to the Medical Director they should be raised with the Chief Executive who will follow the steps below normally taken by the Medical Director..
- 2.4 It is the Medical Director's responsibility to register all serious concerns with the relevant Executive Director and Director of HR and inform the Chief Executive who in turn must ensure a case manager is appointed.
- 2.5 The Trust Chairman must designate a non-executive member "the designated Board member" to oversee the case and ensure momentum is maintained.
- 2.6 All concerns will be investigated quickly and appropriately.
- 2.7 The Medical Director will act as case manager in cases involving Clinical Directors and Consultants and may delegate this role to a senior manager to oversee the case on their behalf.
- 2.8 The Medical Director is responsible for appointing a case investigator. The seniority of the case investigator will depend upon the seniority of the clinician involved.
- 2.9 The case investigator should complete the investigation within 4 weeks of appointment and submit their written report to the case manager within a further 5 working days

3.0 PROTECTING THE PUBLIC

- 3.1 When serious concerns are raised the Trust will consider whether it is necessary to place temporary restrictions on the clinicians practice. This might be to amend or restrict their clinical duties or provide for the exclusion of the practitioner from the workplace. Section 6.0 sets out the procedure for this action.
- 3.2 An immediate, time limited, exclusion may be necessary following:
- A critical incident when serious allegations have been made
 - There has been a break down in relationships between a colleague and the rest of the team
 - The presence of the practitioner is likely to hinder the investigation
- 3.3 This period should be used to carry out a preliminary situation analysis, to contact the NCAA for advice and to convene a case conference. The manager making the exclusion should also set a date up to a maximum of two weeks from the initial suspension to meet
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the practitioner with a representative if they wish to discuss in more detail the matters in hand.

- 3.4 At any point in the process where the case manager has reached a clear judgement that a practitioner is considered to be a serious potential danger to patients or staff, that practitioner must be referred to the regulatory body whether or not the case has been referred to the National Clinical Assessment Authority (NCAA). Consideration will be given to whether the issue of an alert letter should be requested.

4.0 INVOLVING THE NATIONAL CLINICAL ASSESSMENT AUTHORITY

- 4.1 At any stage of the handling of a case, consideration will be given to the involvement of the NCAA. The NCAA expect this first contact to be made by the Medical Director

5.0 UNDERSTANDING THE ISSUE AND INVESTIGATION

- 5.1 In summary, the key actions of an investigation are as follows:

- clarify what has happened and the nature of the problem or concern;
- Discuss with the NCAA what the way forward should be. Consider whether restriction of practice or exclusion is required;
- if a formal approach under the conduct or capability procedures is required, appoint an investigator;
- if the case can be progressed by mutual agreement, consider whether an NCAA assessment would help clarify the underlying factors that led to the concerns and assist with identifying the solution.

6.0 RESTRICTION OF PRACTICE AND EXCLUSION FROM WORK

- 6.1 The Trust will ensure that:

- Exclusion from work will only be used as an interim measure whilst action to reduce a problem is being considered and will only occur (except in the case of immediate exclusion detailed in 3.2 above) after the case manager has first considered whether there is, on the face of it, a case to answer and then considered at a case conference, to include the Director of HR or his/her representative, whether there is reasonable and proper cause to exclude.
- Where a practitioner is excluded it will be for the minimum necessary period of time. This will be up to, but no more than, four weeks at a time;
- All extensions of exclusion will be reviewed and a brief report will be provided to the Chief Executive and the Trust Board.
- A detailed report will be provided when requested to the "designated Board member", who will be responsible for monitoring the situation until the exclusion has been lifted.

- 6.2 Key factors of exclusion from work will include:
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- an initial "immediate" exclusion of no more than two weeks if warranted;
- notification to the NCAA before formal exclusion;
- formal exclusion (if necessary) for periods of up to four weeks;
- advice on the case management plan from the NCAA;
- appointment of a Board member to monitor the exclusion and subsequent action;
- referral to NCAA for formal assessment, if part of the case management plan;
- active review to decide renewal or cessation of exclusion;
- a right to return to work if a review is not carried out;
- performance report on the management of the case.
- programme for the return to work if not referred to the disciplinary procedures or performance assessment.

6.3 The Chief Executive has overall responsibility for managing exclusion procedures and for ensuring that cases are properly managed.

6.4 All cases will be discussed fully with the Chief Executive, the Medical Director, the Director of Human Resources, the NCAA and other interested parties prior to the decision to exclude.

7.0 LOCUM DOCTORS

7.1 If a report is received about a locum, then the agency concerned will be consulted.

8.0 CONFIDENTIALITY

8.1 Confidentiality will be maintained at all times.

9.0 EFFECTIVE DATE

9.1 This procedure is effective from 1st April 2004
