NHS Urgent Care 24
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Managing Medical Practitioner Performance Policy

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Target audience:	Medical Practitioners
Impact Assessment Date:	11/05/2017
Summary:	This policy is to provide a framework to address performance concerns raised in relation to all practitioners.

Version	Date	Control Reason	Title of Accountable Person for this Version
V1	11/2016	New policy, replacing old version and framework, significant changes.	Associate Director of Human Resources (HR)
Reference Documents		**Electronic Locations (Controlled Copy)**	**Location for Hard Copies**
1. General Medical Council's *Good Medical Practice* guidelines (published in March 2013, updated in April 2014). 2. UC24's Disciplinary Policy		Urgent Care 24 Intranet / Corporate Policies/ Human Resources	**Policy File, Wavertree Headquarters**

3. UC24's Capability Policy 4. UC24's Absence Management Policy		

Consultation: **Committees / Groups / Individual**	**Date**
Leadership Team	**2/11/2016**
Clinical Leads Group	**8/11/2016**
Quality & Workforce Committee	**16/11/2016**
UC24 Board	**24/11/2016**

CONTENTS **Page**

POLICY AND PROCEDURE FOR MANAGING PERFORMANCE AND CONDUCT OF MEDICAL PRACTITIONERS AT URGENT CARE 24

1. BACKGROUND

1.1 This policy applies to all Medical Practitioners. This includes all General Practitioners ("Practitioners") working for and on behalf of UC24. This Policy is designed to address performance concerns raised in relation to practitioners, whether these concern conduct, capability or health.

1.2 Our standards are aligned to the expectations of practitioners outlined in the General Medical Council's (GMC) *Good Medical Practice* guidelines (published in March 2013, updated in April 2014.

1.3 'Performance concerns' include any aspects of a practitioner's performance or conduct which may:

- pose a threat or potential threat to patient safety;
- expose services to financial or other substantial risk;
- undermine the reputation or efficiency of services in some significant way;
- be outside of the acceptable practice guidelines and standards.

1.4 Concerns about the capability of doctors in training (Registrars) should be considered initially as training issues and the clinical tutor and the postgraduate dean should be involved from the outset.

2. APPLICATION OF POLICY

2.1 This Policy aims to ensure that concerns about performance of practitioners are managed fairly and consistently and covers:

(a) action to be taken when a concern about a practitioner first arises;

(b) procedures for considering whether there is a need for restrictions to be placed on a practitioners practice or suspension is considered necessary;

Suspension in this policy means suspension from UC24 employment and not for GMC regulatory purposes.

2.2 Whilst agency practitioners are not employees of UC24, the general principles and standards of this policy apply. All concerns should be discussed with the relevant agency as well as the practitioner.

3. DUTIES, ROLES & RESPONSIBILITIES

Chief Executive

- Ensure that effective and appropriate performance arrangements are in place for practitioners.
- Will report to the Board in accordance with this policy.

The Board

- Has a responsibility for ensuring that these procedures are established and followed. It is also responsible for ensuring the proper corporate governance of UC24 and for this purpose reports must be made to the Board under these procedures.
- The Board may decide to designate one of the Non-Executive Directors (NED) to keep a watching brief on the case. If appointed, the NED will ensure that continuing suspension is justified and will advise the Board whether they believe the case is proceeding at an appropriate pace.

Medical Director

- Responsible for determining the professional standards of practitioners whilst working for UC24
- Leads the Decision Making Group (DMG) arrangements and associated communication
- Reports to the Responsible Officer and regulatory bodies as necessary.

Associate Director of Human Resources

- Will act as a member of the Decision Making Group.
- Provides HR advice on legal and regulatory matters.

- Ensures that investigation timescales are complied with

Executive and Associate Directors

- Act as a member of the DMG as and when required
- Support SDU senior staff to manage resources flexibly

Head of SDU / Clinical Leads

- Manage and support practitioners to improve where 'low-level' concerns are identified. Support may take the form of :
    - Checking rotas and where necessary rearranging shifts
    - Clinical supervision
    - Support by a professional colleague, e.g. HR
    - Referral to Occupational Health
- Report continuing or serious concerns about a practitioners performance early stage
- Support staff allocated to investigate a complaint/incident
- Co-operate fully with any investigation

All staff have a role to play in identifying and reporting any concerns about a practitioner's performance.

4. PART 1 - INITIAL ACTION WHEN A CONCERN ARISES

Initial Approach to Concerns

4.1 Low level isolated concerns should be dealt with as part of normal day to day line management. However several incidents of a similar nature may need to be considered as part of this policy.

4.2 It is the responsibility of the Clinical Lead for the service to advise and guide so that deficiencies in standards of work or conduct are dealt with promptly. Before any action is taken (except in very serious matters), the practitioner can expect to be told of his/her shortcomings, given guidance on how to improve and given an opportunity to correct deficiencies.

4.3 In all cases where concerns are raised that cannot be dealt with as part of day-to-day line management, the concerns will be brought to the attention of the Medical Director. The Medical Director will discuss the initial concerns with the Associate Director of Human Resources and another member of the Leadership Team. This group will be known as the DMG.

4.4 The DMG will examine the concerns and consider whether the matter can be addressed informally. If it is decided that an informal route can be followed, this should be implemented.

5. FORMAL CONSIDERATION OF CONCERNS

5.1 Some concerns may be more serious and warrant further investigation. If the DMG consider that further investigation is required, the Medical Director will inform the Responsible Officer of the decision and background to the case. Regular updates should be provided as the investigation progresses.

Serious concerns will arise where:

(a) the practitioner's actions may have, or have, affected patient care; or

(b) there are allegations or concerns and it is decided by the DMG that these cannot be resolved informally; or

(c) attempts to resolve the allegations or concerns informally have failed.

5.2 Where the formal route is followed, a member of the DMG will be appointed as Case Manager. The DMG will appoint a Case Investigator who must be appropriately experienced and trained to conduct investigations. If the matter is of a clinical nature, the Case Investigator must seek the advice of a clinician.

5.3 Wherever possible, the Case Manager should meet with the practitioner to advise him/her of the concerns and the process to be followed. This should be followed up in writing by the Case Manager, including:

(a) the specific allegations or concerns that have been raised

(b) the name of the Case Investigator; and

(c) the likely timescale of the process

5.4 The Case Manager is responsible for

(a) ensuring that any investigation is conducted in a timely manner

(b) receiving the initial investigation report from the Case Investigator

(c) presenting the case to a disciplinary or capability panel in accordance with UC24 disciplinary policy

5.5 The Case Investigator is responsible for:

(a) leading the investigation into any allegations or concerns about a practitioner

(b) establishing the facts and reporting the findings to the Case Manager

(c) ensuring that the investigation is conducted in a manner that maintains confidentiality and complies with UC24 relevant information governance arrangements

5.6 The Case Investigator does not make the decision on what action should be taken nor whether the employee should be suspended from work and may not be a member of any disciplinary or appeal panel relating to the case.

5.7 The practitioner must be given the opportunity to:

(a) put their view of events to the Case Investigator; and

(b) nominate witnesses who may provide evidence relevant to the matter under consideration.

5.8 If during the course of the investigation it transpires that the case involves more complex clinical issues than first anticipated, the Case Manager should consider whether an independent practitioner from another care provider should be invited to assist.

5.9 The Case Investigator should complete the investigation within 10 working days of appointment and submit their report to the Case Manager within a further five days. However, in cases where this is not possible (owing to, for example, the complexity of the allegations), the Case Investigator will complete the investigation and submit

their report as soon as reasonably practicable. The practitioner will be informed of the change of timescale.

5.10 The investigation report should give the Case Manager sufficient information to make a decision as to whether:

(a) there is a case of misconduct that should be put to a conduct panel in accordance with UC24's Disciplinary Policy;
(b) there is a level of underperformance that should be managed in accordance with UC24's Capability Policy
(c) there are concerns about the practitioner's health that should be considered by UC24's Occupational Health service;
(d) restrictions on practice or suspension from work should be considered;
(e) there are serious concerns that should be referred to the GMC and/or Performers List;
(f) no further action is needed.

6.0 PART 2 – RESTRICTION OF PRACTICE & SUSPENSION FROM WORK

6.1 Suspension of clinical staff from the workplace is a precautionary measure and not a disciplinary sanction.

6.2 Suspension will be used:

(a) only as an interim measure whilst action to resolve a problem is being considered;
(b) to protect the interests of patients, other staff or UC24; and/or
(c) to assist the investigative process when there is a clear risk that the practitioner's presence would impede the gathering of evidence.

6.3 In cases where immediate suspension is required (see below), the DMG must discuss the case at the earliest opportunity following suspension, preferably at a case conference.

6.4 The authority to suspend a member of medical staff is vested in Executive Directors. There should be a member of the HR department present when a practitioner is suspended.

6.5 The Case Investigator will provide factual information to assist the Case Manager in reviewing the need for suspension and making reports on progress to the DMG.

7. IMMEDIATE SUSPENSION

7.1 An immediate time limited suspension may be necessary:

(a) following a critical incident when serious allegations have been made; or

(b) where there is a concern about patient safety; or

(c) where there has been a break down in relationships between a colleague and the rest of the team; or

(d) where the presence of the practitioner is likely to hinder the investigation.

7.2 Such a suspension will allow more measured consideration to be undertaken. This period should be used to carry out a preliminary situation analysis, to contact the National Clinical Assessment Service NCAS (Appendix 1) for advice, as appropriate, and to convene a DMG meeting.

7.3 The Executive Director making the suspension must explain why the suspension is being made in broad terms (there may be no formal allegation at this stage) and agree a date up to a maximum of two weeks away at which the practitioner should return to the workplace for a further meeting.

7.4 The immediate suspension may be extended for a maximum of a further two weeks after which time the practitioner should return to work or be subject to formal suspension.

8. FORMAL SUSPENSION

8.1 A formal suspension (e.g. up to 4 weeks) should only take place after the Case Manager has first considered whether there is, on the face of the allegations, a case to answer and then considered, with the DMG, whether there is reasonable and proper cause to suspend. 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 case conference. This preliminary report is advisory to enable the Case Manager to decide on the next steps as appropriate.

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

(a) the allegation appears unfounded; or
(b) there is a misconduct issue; or
(c) there is a concern about the practitioner's capability; or
(d) the complexity of the case warrants further detailed investigation before advice can be given on the way forward and what needs to be inquired into.

8.3 Formal suspension of a clinician 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 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.

or where

(b) the presence of the practitioner in the workplace is likely to hinder the Investigation.

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

8.5 When the practitioner is informed of the suspension, a member of the HR department should be present, where practical. The nature of the allegations or areas of concern should be conveyed to the practitioner. The practitioner should be told of the reason(s) why formal suspension is regarded as the only way to deal with the case.

8.6 The formal suspension must be confirmed in writing as soon as is reasonably practicable. The letter should state:

(a) the effective date, time and duration of the suspension (up to four weeks);
(b) the content of the allegations;
(c) the terms of the suspension (including details of whether it is suspension from work or from the premises and the need to remain available for work);
(d) the action that will follow (for example, is it a full investigation or will other action follow);

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

8.8 If the Case Manager considers that the suspension will need to be extended over a prolonged period outside of his or her control (for example because of a police investigation), the case may be referred to the NCAS 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.

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

8.10 The Associate Director of HR will ensure that timescales for investigations are complied with.

9. GENERAL PROVISIONS

9.1 Where there are concerns about a doctor in training, the postgraduate dean should be involved as soon as possible.

9.2 In cases relating to the capability of a practitioner, consideration should be given to whether an action plan to resolve the problem can be agreed with the practitioner. Advice on the practicality of this approach may be sought from the NCAS. If the nature of the problem and a workable remedy cannot be determined in this way, the Case Manager should seek to agree with the practitioner to refer the case to the NCAS, which can assess the problem in more depth and give advice on any action necessary. The NCAS can offer immediate telephone advice to Case Managers considering restriction of practice or suspension and, whether or not the practitioner is suspended, provide an analysis of the situation and offer advice to the case manager.

10. KEEPING IN CONTACT AND AVAILABILITY FOR WORK

10.1 The practitioner must remain available for work with UC24 during their normal contracted hours. There may be circumstances where the Case Manager may decide that payment is not justified because the practitioner is no longer available for work (for example, the practitioner is on leave without agreement).

10.2 The suspended practitioner will advise the Case Manager if he/she needs arrangements to be made to keep in contact with colleagues on professional developments, and take part in Continuing Professional Development (CPD) and clinical audit activities. A UC24 link person will be appointed for this purpose.

11. INFORMING OTHER HEALTHCARE PROVIDERS

11.1 In cases where there is concern that the practitioner may be a danger to patients, UC24 has an obligation to inform other healthcare providers, of any restriction on practice or suspension and provide a summary of the reasons for it. Details of other employers (NHS and non NHS) may be readily available but where it is not the practitioner should supply them. Failure to do so may result in further disciplinary action or referral to the relevant regulatory body, as the paramount interest is the safety of patients. Where UC24 has placed restrictions on practice, the practitioner should agree not to undertake any work in that area of practice.

11.2 Where the Case Manager believes that the practitioner is practising in other parts of the NHS or in the private sector in breach or defiance of an undertaking not to do so, he or she should contact the professional regulatory body and the relevant Performers List to consider the issue of an alert letter.

12. INFORMAL SUSPENSION

No practitioner should be suspended from work other than through this Policy. Informal suspensions, such as so-called 'garden leave', may not be used as a means of resolving a problem covered by this Policy.

13. KEEPING SUSPENSIONS UNDER REVIEW

13.1 Before the end of each period of suspension (of up to four weeks) the Case Manager reviews the position and the following actions should be taken:

(a) The Case Manager decides on next steps as appropriate. Further renewal may be for up to 4 weeks at a time.

(b) Each renewal is a formal matter and must be documented as such.

(c) The practitioner must be sent written notification on each occasion.

13.2 If the practitioner has been suspended for three periods, the following actions must also be taken at the third review:

(a) A report must be made to the Chief Executive outlining the reasons for the continued suspension and why restrictions on practice would not be an appropriate alternative. If the investigation has not been completed, a timetable for completion of the investigation must also be given.

(b) consideration will be given to formally refer the case to the NCAS, explaining why continued suspension is appropriate and what steps are being taken to conclude the suspension at the earliest opportunity

(c) The NCAS may be invited to review the case and to advise on the handling of the case until it is concluded.

14. SIX-MONTH REVIEW

There should be a maximum limit of six months' suspension, except for those cases involving criminal investigations of the practitioner concerned. UC24 will actively review those cases at least every six months.

15. RETURN TO WORK

If it is decided that the suspension should come to an end, there must be formal arrangements for the return to work of the 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.

16. PART 3 - CONDUCT HEARINGS AND DISCIPLINARY MATTERS

16.1 Misconduct matters for doctors, as for all other staff groups, must be resolved within UC24. All issues regarding the misconduct of doctors will be dealt with in accordance

with the UC24's Disciplinary Procedure covering other staff charged with similar matters.

16.2 Where the alleged misconduct relates to matters of a professional nature, or where an investigation identifies issues of professional conduct, the Case Investigator may need to obtain appropriate professional advice.

16.3 Similarly, where a case involving issues of professional conduct proceeds to a hearing under the disciplinary policy, the panel will seek advice from somebody who is medically qualified.

16.4 It is for UC24 to decide upon the most appropriate way forward.

17. ALLEGATIONS OF CRIMINAL ACTS

Where the investigation establishes a suspected criminal action in the UK or abroad, this must be reported to the police. UC24 will consult the police to establish whether UC24's own investigation can continue or whether this would impede the police investigation. In cases of fraud, the Counter Fraud & Security Management Service must be contacted.

18. CASES WHERE CRIMINAL CHARGES ARE BROUGHT NOT CONNECTED WITH AN INVESTIGATION BY UC24

18.1 There are some criminal offences that, if proven, could render a practitioner unsuitable for employment. In all cases, UC24, having considered the facts, will need to consider whether the practitioner poses a risk to patients or colleagues and whether their conduct warrants instigating an investigation and the suspension of the practitioner. UC24 will have to give serious consideration to whether the practitioner can continue in their job once criminal charges have been made. UC24 must consider whether the offence, if proven, is one that makes the practitioner unsuitable for their type of work and whether, pending the trial, the practitioner can continue in their present job, should be allocated to other duties or should be suspended from work. This will depend on the nature of the concern and advice should be sought from the

Associate Director of HR. UC24 will, as a matter of good practice, explain the reasons for taking such action.

18.2 When UC24 has refrained from taking action pending the outcome of a court case, if the practitioner is acquitted but UC24 feels there is enough evidence to suggest a potential danger to patients, then UC24 has a public duty to take action to ensure that the practitioner does not pose a risk to patient safety. Similarly where there are insufficient grounds for bringing charges or the court case is withdrawn there may be grounds for considering police evidence where the allegations would, if proved, constitute misconduct, bearing in mind that the evidence has not been tested in court. It must be made clear to the police that any evidence they provide which is used in the UC24's case will have to be made available to the practitioner concerned. Where charges are dropped, UC24 will consider if the practitioner can be reinstated.

19. PART 4 - PROCEDURE FOR DEALING WITH ISSUES OF CAPABILITY

19.1 Concerns about the capability of a doctor may arise from a single incident or a series of events, reports or poor clinical outcomes. Advice from the NCAS may help UC24 to come to a decision on whether the matter raises questions about the practitioner's capability as an individual (health problems, behavioural difficulties or lack of clinical competence) or whether there are other matters that need to be addressed. If the concerns about capability cannot be resolved routinely by management, the matter will be referred to the NCAS before the matter can be considered by a capability panel (unless the practitioner refuses to have his or her case referred).

19.2 Matters which may fall under the capability procedures include:

(a) out of date clinical practice;
(b) inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk;
(c) incompetent clinical practice;
(d) inability to communicate effectively;
(e) inappropriate delegation of clinical responsibility;

(f) inadequate supervision of delegated clinical tasks;

(g) ineffective clinical team working skills.

19.3 Wherever possible, UC24 will aim to resolve issues of capability (including clinical competence and health) through ongoing assessment and support. Early identification of problems is essential to reduce the risk of serious harm to patients. The NCAS can provide expert advice and support for local action to support the remediation of a practitioner and should normally be consulted.

19.4 Any concerns about capability relating to a practitioner in recognised training grades will be considered initially as a training issue and dealt with via the educational supervisor and with close involvement of the postgraduate dean from the outset.

19.5 It is possible that some cases will cover conduct and capability issues. It is recognised that these cases can be complex and difficult to manage. If a case covers more than one category of problem, it is for UC24 to decide on the most appropriate way forward. The issues could usually be combined under a capability hearing although it may be necessary to pursue a conduct issue separately.

19.6 UC24 will ensure that investigations and capability procedures are conducted in a way that does not discriminate in accordance with the protected characteristics detailed in the Equality Act 2010. Those undertaking investigations or sitting on capability or appeals panels must have had appropriate training before undertaking such duties.

20. PART 5 – TERMINATION OF EMPLOYMENT WITH PERFORMANCE ISSUES UNRESOLVED

20.1 Where the practitioner leaves employment before disciplinary procedures have been completed, the investigation must be taken to a final conclusion in all cases and capability proceedings must be completed wherever possible, whatever the personal circumstances of the employee concerned.

20.2 Every reasonable effort must be made to ensure the practitioner remains involved in the process. If contact with the practitioner has been lost, UC24 will invite them to attend any hearing by writing to both their last known home address and their registered address (the two will often be the same). UC24 must make a judgement, based on the evidence available, as to whether the allegations about the practitioner's capability are upheld. If the allegations are upheld, UC24 must take appropriate action, such as requesting the issue of an alert letter and referral to the professional regulatory body, referral to the police, or the Protection of Children Act List (held by the Department for Education and Skills).

20.3 If a suspended practitioner or a practitioner facing capability proceedings becomes ill, they should be subject to UC24's usual sickness absence procedures. The sickness absence procedures take precedence over the capability procedures. Should the employment be terminated as a result of ill health, the investigation should still be taken to a conclusion and UC24 form a judgement as to whether the allegations are upheld.

20.4 If, in exceptional circumstances, a hearing proceeds in the absence of the practitioner, for reasons of ill-health, the practitioner should have the opportunity to submit written submissions and/or have a representative attend in his/her absence.

21. CONFIDENTIALITY

21.1 Confidentiality (of patients, practitioners and staff) must be maintained at all times. No press notice should usually be issued, nor the name of the practitioner released by any party, in regard to any investigation or hearing into disciplinary matters.

21.2 Personal data released to the case investigator for the purposes of the investigation must be fit for the purpose, and proportionate to the seriousness of the matter under investigation. Employees should be familiar with the guiding principles of the Data Protection Act.

22. EQUALITY & HEALTH INEQUALITIES

UC24 is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy has been implemented with due regard to this commitment. To ensure that the implementation of this policy does not have an adverse impact as defined by the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary.

23. PERSONAL INFORMATION

UC24 is committed to an environment that protects personal information aspects in the development of any policy. When proposing change there is a new requirement for policy writers to investigate when the personal information aspect of the policy complies with the data protection principles in Schedule 1 of the Data Protection Act 1998. All individuals with responsibility for reviewing/writing policies should consider Privacy Impact Assessment compliance.

This policy complies with the Data Protection Act 1998, therefore no Privacy Impact Assessment is necessary.

Appendix 1

Protecting the Public and the Role of the National Clinical Assessment Service

1. NCAS - the National Clinical Assessment Service - has been an operating division of the NHS Litigation Authority (NHS LA) since 2013.

2. NCAS contributes to patient safety by helping to resolve concerns about the professional practice of doctors, dentists and pharmacists. It provides expert advice and support, clinical assessment and training to the NHS and other healthcare partners. Further information about NCAS can be found at http://www.ncas.nhs.uk

3. The duty to protect patients is paramount. At any point in the process where it is decided that the practitioner is considered to be a serious potential danger to patients, staff or the public, the practitioner must be referred to the relevant regulatory body, whether or not the case has already been referred to the NCAS. Consideration should also be given to whether or not an alert letter should be requested.

4. There are certain stages of this Policy at which Urgent Care 24 will involve the NCAS. However, consideration to involving the NCAS will be given at any stage of the handling of a case. All referrals to the NCAS should be made, initially, by the Chief Executive, Medical Director or Associate Director of HR.

5. The NCAS may be consulted at any stage. The NCAS can provide the opportunity for local managers to discuss the problem with an impartial outsider, to look afresh at a problem, see new ways of tackling it themselves, possibly recognise the problem as being more to do with work systems than practitioner performance, or see a wider problem needing the involvement of an outside body other than the NCAS.

6. This can include the NCAS undertaking a formal clinical performance assessment when the doctor, UC24 and the NCAS agree that this could be helpful in identifying the underlying cause of the problem and possible remedial steps. If the NCAS is asked to undertake an assessment of the doctor's practice, the outcome of a local investigation may be made available to inform the NCAS's work.

7. UC24 will not automatically involve the NCAS. However, medical under performance can be due to health problems, difficulties in the work environment, behaviour or a lack of clinical capability. These may occur in isolation or in a combination. The NCAS's processes are aimed at addressing all of these, particularly where local action has not been able to take matters forward successfully. The NCAS's methods of working therefore assume commitment by all parties to take part constructively in a referral to the NCAS. For example, its assessors work to formal terms of reference, decided on after input from the practitioner and UC24.

8. The focus of the NCAS's work is therefore likely to involve performance difficulties which are serious and/or repetitive. That means performance falling well short of what practitioners could be expected to do in similar circumstances and which, if repeated, would put patients seriously at risk. It can also include problems that are ongoing or (depending on severity) have been encountered on at least two occasions.

9. Where UC24 is considering excluding a practitioner, whether or not his or her performance is under discussion, it will consider whether the NCAS should be involved. Procedures for suspension are covered in Part Two of this Policy. It is particularly desirable to find an alternative to suspension because it is much more difficult to assess a practitioner who is suspended from practice than one who is working

10. A practitioner undergoing assessment by the NCAS must co-operate with any request to give an undertaking not to practice in the NHS or private sector other than their main place of NHS employment until the NCAS assessment is complete (in accordance with HSC 2002/011).

11. Failure to co-operate with a referral to the NCAS may be seen as evidence of a lack of willingness on the part of the practitioner to work with UC24 on resolving performance difficulties. If the practitioner chooses not to co-operate with such a referral, that may limit the options open to the parties and may necessitate disciplinary action and consideration of referral to the GMC.

END OF POLICY