

Performance Policy for Duty Doctors

May | 2017

Responsible Committee: Quality Committee

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Next Review Due: May 2019

1. INTRODUCTION

SELDOC's performance policy for duty doctors aims to support the organization's clinical governance strategy focused on delivering high quality medical care. Key aims are to develop and nurture a culture of learning and continuous improvement, exceed quality standards and engage with and provide accountability to patients, their families and the public.

Doctors recruited to SELDOC must meet duty doctor selection criteria and actively engage in our induction programme, and refresher programme as set out in the Duty Doctor SLA.

Feedback and reporting systems have been set up to enable timely response to organizational factors affecting service delivery and robust systems have established to enable us to monitor and improve clinical care. Performance data is regularly reviewed at an individual level to inform feedback and identify concerns; data is also reviewed at an organizational level to identify themes and trends. This informs educational activities to meet knowledge gaps, and enables change in operational or environmental factors e.g. improved rotas, facilities or equipment.

This policy should be read in conjunction with the *GMC's Good Medical Practice* and the following SELDOC documents:

- Incident and Serious Incident Reporting Policy and Procedures
- Complaints Policy
- Clinical Governance Strategy
- Duty Doctors SLA
- GP Audit Criteria V2 May2017

2. ABBREVIATIONS

BMA – British Medical Association

Board – Board of Directors of SELDOC Ltd

CEO – Chief Executive Officer

GMC – General Medical Council

NCAS – National Clinical Assessment

QC – Quality Committee

SLA – Service Level Agreement

SI – Serious Incident.

3. QUALITY MONITORING

Qualitative and quantitative data are regularly reviewed to highlight good practice and identify concerns at an organizational and individual level.

This includes:

- Complaints and compliments
- Incidents/SIs
- Feedback from patients, public, staff, clinicians, other organizations
- Clinical Audit
- Prescribing data
- Performance data

Several streams of information are used to inform an overall picture of performance, with a focus on patterns rather than isolated incidents, unless they alone are significant.

4. PROCESS FOR DEALING WITH POOR CLINICIAN PERFORMANCE

NCAS states that performance problems in medicine are complex. Whilst it is recognised that practitioners must have insight into their performance problems if they are to overcome them, managers need insight too.

Although performance concerns cannot be prevented, through regular quality monitoring, we aim to ensure prompt identification and management.

4.1 Identifying and investigating poor Performance

Quantitative or qualitative data as detailed above might indicate concerns in one or more of the following areas:

- clinical competence
- behaviour/attitude
- health, or
- probity

The Medical Director, Deputy Medical Director or member of the Clinical Governance Team in their absence, will investigate these concerns utilizing multiple sources of information.

4.2 Acting on Poor Performance

Our approach is to facilitate self-reflection through open non-judgmental discussion that enables individual and organizational learning.

Any performance related meetings with doctors will be with the Group Medical Director or the Deputy Medical Director. Where there is potential conflict of interest, they will be replaced by a GP Board Director or Senior Manager.

4.2.1. Feedback

Where there are minor concerns, feedback and discussion may be informal, by telephone, email or face to face as appropriate.

4.2.2. Performance Review

Where there are more significant concerns – a ‘Performance Review’ investigation will be undertaken by the Group Medical Director, Deputy Medical Director and/or the Clinical Governance Team, Quality Committee or Senior Management Team. This will explore relevant factors such as

- results from GP audits (see Appendix A GP Audit Criteria V2 May 2017)
- results from balanced score cards
- complaints against that duty doctor
- incidents or SI’s the duty doctor may be involved in
- feedback from patients
- feedback from other doctors both within SELDOC and outside of the organization
- reports from other members of SELDOC staff including any grievances against the duty doctor
- any safeguarding concerns
- concerns regarding that duty doctor’s health, and
- any other relevant information that may come to the attention of SELDOC regarding a duty doctor.

Following a ‘Performance Review’ investigation the Group Medical Director or Deputy Medical Director may ask for a formal ‘Performance Review’ meeting’ with the duty doctor; however, this is not always required.

Following a ‘Performance Review’ an action plan will be decided by the Group Medical Director or Deputy Medical Director, or in their absence the Quality Committee GP Board Directors or Senior Managers, and the duty doctor will be informed. If possible, this action plan will help to support the identification of learning and development at an individual and organizational level. A personal action plan for the duty doctor may be agreed and a planned review date set to monitor progress; duty doctors will be encouraged to include this action plan in their annual NHS appraisal.

However, if concerns regarding a doctor’s performance are significant, SELDOC reserve the right to stop using the services of any duty doctor. SELDOC may need to highlight these concerns to individual doctor’s Responsible Officers or the General Medical Council.

Performance concerns are reviewed at Quality Committee meetings and the Board informed.

4.3 Persistent poor performers

Where performance concerns persist after a formal Performance Review e.g. there are subsequent complaints, incidents, or staff feedback indicating failure to improve after feedback and educational input, or there is non-compliance with agreed action plan, this will be referred to the Group Medical Director and/or the Deputy Medical Director to agree the appropriate next step.

4.4 Options in addressing Persistent Poor Performance

In order to most effectively support doctors, protect patients, assure quality standards and protect SELDOC's reputation, a duty doctor's shifts may be restricted, suspended or terminated.

The Group Medical Director, Deputy Medical Director, Quality Committee and Senior Management Team has the authority to restrict or suspend shifts based on a 'Performance Review' or if an isolated incident is significantly concerning. The decision will be agreed with the Group Medical Director, or Deputy Medical Director in their absence, and ratified by the Chair of the Quality Committee (or other board member deputising in their absence). The reasons behind the restriction/suspension will be communicated to the doctor concerned as well as the length of restriction/suspension and review date.

Where there are serious issues regarding performance, conduct, health concerns or an inability to demonstrate change following remedial training, the Group Medical Director will make a recommendation to the Quality Committee to terminate a duty doctor's shifts. The ultimate decision will be made by the Group Medical Director and the Quality Committee and communicated to the duty doctor concerned.

Where SELDOC has concerns regarding the suitability of a doctor to work for SELDOC or its affiliated organizations these will be communicated to the duty doctor and shared with other bodies as appropriate e.g. other places of work.

Concerns will be shared with the duty doctor's Responsible officer at NHS England and consideration also given as to whether a referral to the GMC Investigation Team is indicated. Where a referral is made, the doctor should be informed as to the reasons for the referral and what the expected outcome will be.

4.1 Restriction

A duty doctor's shifts may be restricted in number, frequency, type, timings or location. This will be implemented by the Operations Team.

4.2 Suspension

Suspension of a duty doctor's shifts is a neutral act.

A doctor may be suspended from shifts for a number of reasons which may include:

- A period of reflection and recuperation

- An investigation is being carried out/reports are awaited
- Undergoing remedial training
- Health concerns

In some instances where patient safety or organizational reputations are thought to be at significant risk, **suspension will be immediate** and the doctor concerned informed at the earliest possible opportunity. In these circumstances, the Group Medical Director or Chair of the QC (or their deputy) may make this decision while awaiting ratification.

4.3 Termination

A doctor's ability to work shifts may be terminated. This may be for serious issues regarding performance, conduct, health concerns or an inability to demonstrate change following remedial training.

4.4 Right to Appeal

Doctors have the right to appeal. The appeal will be directed to the Chair of the Board and will be heard by two GP Board Directors who have not been involved in gathering information or performance meetings. In some instances, a doctor's appeal will be discussed at a Board meeting.

Appeals will consider the process but not the factual content of the case.

The decision of the Board is final.

4.5 Sharing information with other parties.

When SELDOC is concerned by a doctor's performance it may notify the duty doctor's surgery, Responsible Officer (NHSE) and/or the GMC.

In these circumstances, the doctor will be informed of the decision in advance and the reasons why this action is being taken.

The decision to share information with these parties will be made by the QC or the Chair of the QC alone or on recommendation of the Group Medical Director if urgent action is required.

5.0 External Sources of Support

SELDOC is committed to supporting its clinicians, particularly where there are performance concerns. It is recognised that a review of performance can be stressful; the following are potential external sources of support:

▪Colleagues

▪**BMA** Doctor's health and wellbeing counselling and advisor service
08459 200 169 (24 hours a day) <http://bma.org.uk/doctorsfordoctors>

▪ **Resources for doctors in difficulty - comprehensive website list**

<http://bma.org.uk/practical-support-at-work/doctors-well-being/websites-for-doctors-in-difficulty>

▪ **Doctors' Support Network** Support Line 08443 953 010

<http://www.dsn.org.uk/>

▪ **Health Education South London Professional Development**

The Professional Support Unit (PSU) provides resources for professional development e.g. coaching and mentoring, training to teach doctors, induction/return to work programmes, career support, occupational health advice, dyslexia assessment and e-modules such as record keeping and prescribing.

For more information visit <http://www.lpmde.ac.uk/professional-development/professional-support-unit>

Complex Cases: An individual educational support service for clinicians with performance concerns

Self-referral or for an informal discussion with one of the team please contact Joyce Antubam on:

020 7866 3271 (phone)

020 7863 1681 (fax), or email on ccteam@nwl.hee.nhs.uk

▪ **Londonwide LMCs** Offers GP support via e-mail at GPSupport@lmc.org.uk

020 7387 2034 Ext 240 / 241 / 260 <http://www.lmc.org.uk/page.php?id=39>

If you know the member of the team who you wish to speak to already:

- Vicky Ferlia, Director, GP Support Services, on 020 7387 2034 Ext 260, email vferlia@lmc.org.uk
- Nora Breen, GP Support Services Manager, on 020 7387 2034 Ext 241, email nbreen@lmc.org.uk
- Jill Stubbs, GP Support Services Officer, on 020 7387 2034 Ext 240, email jstubbs@lmc.org.uk
- Yvonne Frank, GP Support Service Officer, on 020 7387 2034 Ext 265, email yfrank@lmc.org.uk

▪ **MedNet (for trainees only)**

Sited at the Tavistock and Portman NHS Trust and the South London & Maudsley NHS Trust. Provides confidential consultations and emotional support on a range of issues.

020 8938 2411

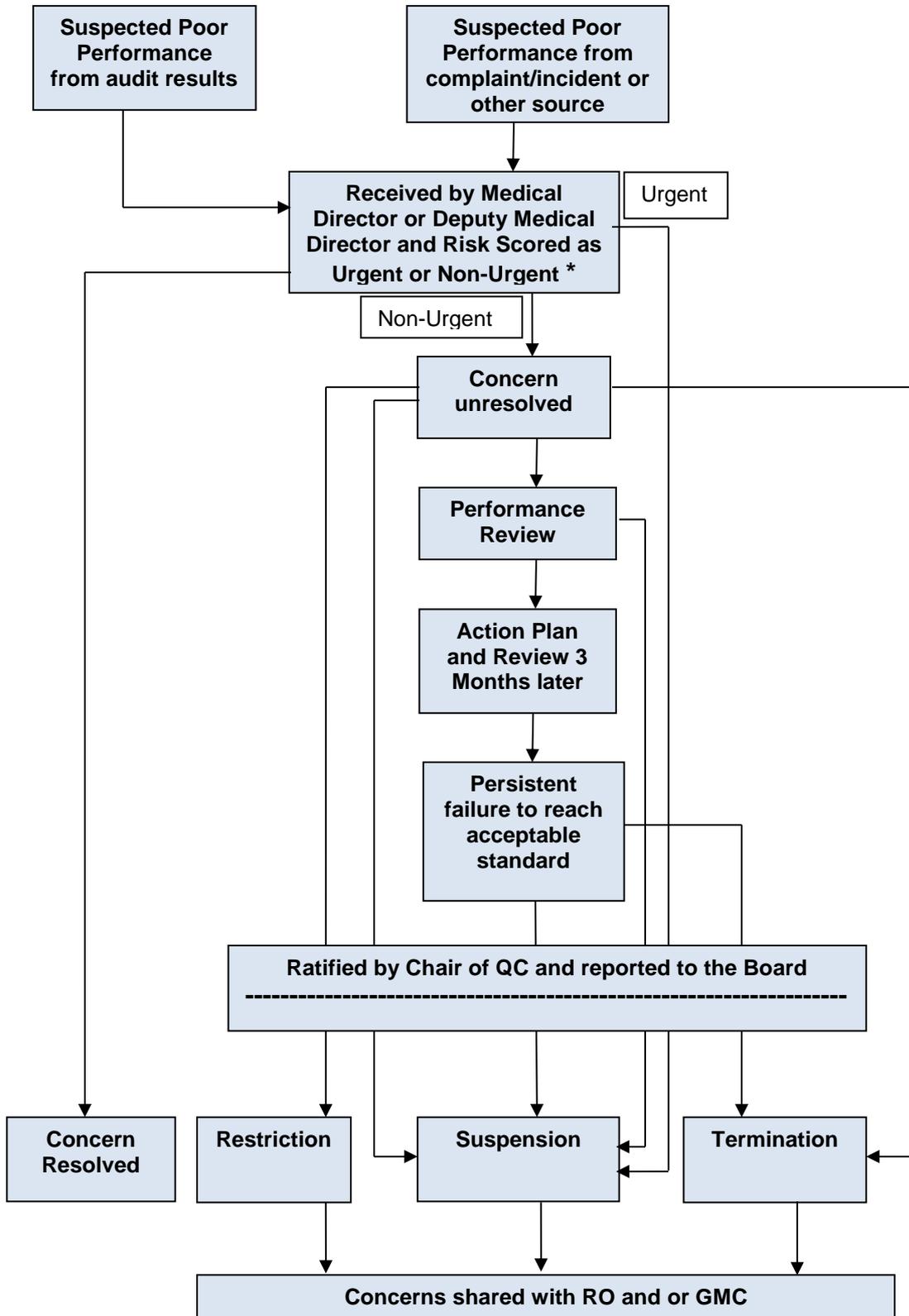
<http://www.lpmde.ac.uk/professional-development/mednet>

▪ **Practitioner Health Programme**

020 3049 4505

<http://www.php.nhs.uk/>

Summary of Performance Policy



*** DATES FOR PERFORMANCE REVIEW MEETINGS SHOULD BE AGREED AND CONFIRMED WITHIN 2 WEEKS OF THE REQUEST FOR NON- URGENT CONCERNS AND ONE WEEK OF REQUEST FOR URGENT CONCERNS. FAILURE TO ARRANGE AND CONFIRM MEETING COULD LEAD TO RESTRICTION OF SHIFTS UNTIL THE MEETING HAS BEEN CONFIRMED.**