

DOCTORS' SUPPORT SCHEME (GENERAL PRACTITIONERS)
Local management of performance concerns

REMIT

- 1. Background**
- 2. Scope**
- 3. Entry points / referral sources**
- 4. Initial Steering Group (ISG)**
- 5. Assessment and Evaluation Group (AEG)**
- 6. Initial assessment**
- 7. Outcomes following assessment**
- 8. Return to work**
- 9. Directly employed GPs**
- 10. Publication and review**

1. Background

NHS Lothian operates an open and fair culture for employees and for contractors. We aim to encourage GPs requiring support to seek advice at an early stage so that any concerns can be managed locally and informally, before there is any risk of patient care being affected. Early reporting and self-reporting is encouraged. Concerns may be noted by professional colleagues or may arise from routinely available clinical governance measures such as referral patterns, prescribing patterns, complaints and practice visits. All doctors have a professional responsibility to act on potential concerns about the performance of colleagues. Minor issues which may not in themselves be of significant concern can be relevant if part of a bigger picture. All reported concerns will be assessed fairly and in confidence, with a supportive, developmental and consensual approach being used whenever possible. The possibility of a health issue being a contributory factor will be considered in all cases, and appropriate assessment for this discussed if appropriate.

2. Scope

This framework applies to independent contractor GPs hosted on the NHS Lothian Performers List who provide Personal Medical Services. This includes GP Principals and Sessional GPs (practice employed assistants and freelance locums). Directly employed GPs such as those employed in Section 2c practices, those who are salaried to LUCS, or those employed as GPs with Special Interest are subject to NHS Lothian HR policies and procedures.

It should be noted that NHS Lothian HR policies and procedures are intended to assess performance concerns in a confidential and supportive way with due

consideration given to the context in which employees work, and consideration of possible health issues in all cases. Nevertheless, NHS Lothian employees from a Primary Care background who are included on the Lothian Performers List may access support and advice via the Doctors Support Scheme in addition to the NHS Lothian framework.

The latest version of the framework agreed locally for managing performance concerns for employed doctors and dentists (except doctors in training) is entitled "NHS Lothian: tackling concerns locally - doctors and dentists in difficulty framework, March 2011". This has been agreed locally by negotiation with the BMA Local Negotiating Committee, on which salaried (directly employed) GPs are represented. NHS Lothian policy for employed doctors is that concerns are assessed initially by the appropriate Clinical Director. For most doctors from a Primary Care background who are NHS Lothian employees this will be the Clinical Director of the relevant Health and Social Care Partnership (HSCP).

3. Entry points / referral sources

- Self-referral
- Professional colleagues, including partners and Primary Care Team members
- Patients and the public
- Clinical governance concerns - significant issues noted from review of prescribing data, referrals data, payment verification visits, Controlled Drug Governance Team inspection visit reports, complaints or other similar governance processes
- Appraisal - only following a major concern at appraisal interview and after discussion by appraiser with Local Appraisals Adviser
- Revalidation process concerns
- HSCP Clinical Director referral
- Significant health concern
- Criminal charges or counter fraud involvement
- GMC referrals for local management
- Pattern recognition for multiple "low level" concerns

GPs and Practice Managers requiring further guidance on the Doctors support Scheme framework should contact one of the following in the first instance:

- **Medical Secretary of Lothian LMC**
- **Primary Care Medical Director**
- **Clinical Director of HSCP**

4. Initial Steering Group (ISG)

This group will assess all reported concerns and agree on initial action. Assessment of a concern notified to any member of the ISG should be made by discussion with at least one other member of the ISG. A record will be kept of all ISG activity, and this will be reviewed by the Assessment and Evaluation Group. The doctor about whom a concern is notified will be fully informed in all cases, and his or her own perspective on the concern raised will always be sought.

ISG membership

- LMC Secretary
- A GP nominated by LMC
- Primary Care Medical Director
- HSCP Clinical Director

5. Assessment and Evaluation Group (AEG)

AEG meetings will normally be held bi-monthly at LMC office with records held securely at LMC office. Exceptional meetings may be convened as required for urgent cases. Quorum will be at least one LMC representative, plus Primary Care Medical Director, plus three others. The AEG will normally be chaired by the GP Stakeholder Non Executive Director of Lothian NHS Board.

Membership:

- LMC representatives x 3
- Sessional GP (Lothian Association of Sessional GPs nominee)
- Primary Care Medical Director
- HSCP representative (Clinical Director)
- Occupational Health Consultant
- NES representative (Director of Postgraduate GP Education)
- Local Appraisals Adviser (LAA)
- General Manager, Primary Care Contracts
- Non-executive Director Lothian NHS Board

The LAA role is formative and must not breach confidentiality, and attendance by the LAA at this group must not compromise the formative and confidential nature of GP professional appraisal. The Primary Care Contracts General Manager is recommended as a group member to advise on contractual arrangements. It is not envisaged that any record of doctors requesting support or for whom there are performance concerns should be held by the PCCO.

6. Initial assessment

- Identify any potential health contribution in all cases

- Determine whether the concern relates to individual performance or practice team dysfunction
- Initial assessment may include routinely available background information e.g. reference from “senior partner”, reference from HSCP Clinical Director, request to review GPScot 4 (with consent), prescribing review, complaints review or similar
- Initial assessment may conclude that further information is required

In exceptional cases, to maintain patient safety, it may be necessary to request that the GP should abstain from clinical practice – this may require liaison with other Board areas. If this is not agreed, the NHS Board may seek interim suspension (NHS Tribunal) or refer urgently to the GMC seeking an immediate limitation on registration. Consideration should always be given to preserving the GPs post during any period of suspension.

6.1 Individual performance concerns

May be one or more of the following

- Health issue
- Personal circumstances
- Personal conduct
- Clinical performance issue:
 - Clinical skills
 - Clinical knowledge
 - Clinical team working

6.2 Information gathering investigation

If further information is required in order to assess the reported concern, it may be appropriate to keep the information gathering process and the decision making process separate. In such cases, the relevant HSCP Clinical Director should lead an investigation and then provide a report for the AEG.

6.3 Practice team dysfunction

This may relate to the GP partnership, or to the wider practice team

The options available to address dysfunctional team working, especially at the level of the wider practice team, are limited but identification of team working issues is important as sometimes responsibility may be ascribed unfairly to individual practitioners.

7. Outcomes following assessment

7.1 Individual concern

- No further action required
- Supportive mentoring
- Health Problem – managed by registered GP and Occupational Health as appropriate
- Educational need identified – advice sought from educational adviser, assessment tools and outcome measures agreed
- Refer to NHS Education Scotland (NES)
- Refer to National Clinical assessment Service (NCAS) – funding on a case by case basis needed

Doctors who have received supportive intervention should include this in appraisal and revalidation documentation in all cases. This allows the GP to reflect on the issue and discuss learning points and any ongoing support needs with their appraiser at their next appraisal interview. For the clarity of all concerned the relevant appraiser will usually be made aware of cases in which significant supportive intervention has been provided.

Failure to engage with the Doctors Support Scheme framework following identification of a significant concern may require AEG to consider referral to an external body.

7.2 Practice team dysfunction

- For initial management a facilitated discussion may be offered
- The practice may require to fund locum cover for protected time, or the HSCP Clinical Director may approve use of PLT session
- More complex problems may require multiple sessions from a trained facilitator
- BMA and RCGP may be able to advise
- NCAS may provide assessment and intervention
- It may be appropriate to facilitate an exit strategy for an individual GP if functional working relationships cannot be re-established

If practice team dysfunction has the potential to impact significantly on patient care, then failure to engage with the Doctors support Scheme framework may require the AEG to consider referral to external body.

8. Return to work

When a doctor has been on long term leave because of sickness or for other reasons, the impact of this on their job should be considered along with Occupational Health advice before deciding whether a phased return to work or a Return to Work assessment is appropriate. The exact period will depend on individual circumstances, and should comply with regulations for entry to and maintenance on the Performers List.

When a doctor has been absent from work for a prolonged period because of GMC suspension the Back on Track framework can be used to support a return to the work environment.

9. Directly employed GPs

Directly employed GPs include those working in Section 2c practices, and those who are salaried employees of LUCS.

Directly employed GPs work in a managed system, and concerns should be managed initially at least by the appropriate Clinical Director in conjunction with HR using agreed NHS Lothian policies and procedures. Directly employed GPs should submit their Appraisal Form4 / GP Scot4 to the relevant Clinical Director for review.

All GPs, including directly employed GPs, may access support and advice from the LMC, though not as an alternative to any framework for managing performance concerns or disciplinary issues that may apply for NHS Lothian employees.

10. Publication and review

Details of the Doctors Support Scheme framework should be publicised widely in Lothian on a regular basis via relevant groups eg HSCPs, LMC, LASGP, OHS and on completion of GP specialist training.

Communication should emphasise the benefit for all of early referral and self referral – this allows concern to be managed locally and informally in a supportive manner whenever possible.

The remit of the Doctors Support Group should be reviewed every 2 years, or earlier if there are significant contractual or regulatory changes

Dr Catriona Morton
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