



## FACULTY OF PUBLIC HEALTH

### **Faculty of Public Health - Remediation, Retraining and Rehabilitation Policy for doctors with a prescribed connection**

This policy has been developed based on the NCAS advisory document 'Back on Track'

This document should be read alongside the FPH *Responding to Concerns about a Doctor's Practice*.

#### **Purpose of the Document**

This policy sets out how the FPH approaches work with doctors connected to the FPH as their Designated Body, for whom further training is proposed as a means of resolving concerns about practice or supporting a return to work programme. The concerns might relate to knowledge or skill gaps or behaviours and might have been identified in a variety of ways, most likely through the annual appraisal process or by the doctor themselves. There might have been a significant career break or a period of illness or time away from normal practice for some other reason.

#### **Terms**

'Further training' incorporates:

**Remediation** - the process of addressing concerns about practice (knowledge, skills, and behaviours) that have been recognised through assessment, investigation, review or appraisal, so that the practitioner has the opportunity to return to safe practice.

**Rehabilitation** - the process of supporting the practitioner who is disadvantaged by chronic ill health or disability, enabling them to access, maintain or return to practice safely.

**Reskilling** - the process of addressing gaps in knowledge, skills and/or behaviours which result from a significant period of absence (usually over six months) so that the practitioner has the opportunity to return to safe practice. This may, for example,

follow suspension, exclusion, maternity, carer or other statutory leave, career break or ill health.

### **Further training - principles and practicalities**

The following eight principles should underpin further training programmes (from NCAS):

- 1 The needs and safety of patients/the public, the protection of the public and the integrity of public health and clinical services should be paramount in any further training programme.
- 2 An action plan outlining a programme of further training to resolve concerns about practice or to support a return to practice will differ from a professional development plan (PDP) or participation in continuing professional development (CPD) but should still be seen as part of an educational continuum for improving practice.
- 3 If the full range of concerns is to be addressed, there must be a comprehensive approach taking in clinical knowledge and skills, health, behaviour and practice context.
- 4 The approach to further training programmes should be consistent across different organisational settings and for different professional groups.
- 5 Processes should be open and subject to scrutiny. They should also be fair, taking into account all the relevant evidence and information.
- 6 The stress that further training can cause should not be underestimated so personal and professional support should always be offered to practitioners.
- 7 Since success or failure cannot be foreseen, it will normally be appropriate to attempt a further training programme, provided that there is robust monitoring against goals and milestones.
- 8 While use of external bodies helps to bring about consistency of approach and a sharing of experience and skills, the responsibility for further training programmes lies with local managers.

## **Who might need further training?**

Further training may be considered as a means of resolving concerns about knowledge, skills or behaviours in several circumstances. This guide focuses on the needs of three practitioner groups:

- Practitioners whose performance has been identified as a concern through formal processes. A need for further training might have been identified by organisational clinical governance procedures including investigation and ensuing competency or disciplinary action or there might have been regulatory, faculty performance assessment or review;
- Doctors who are themselves concerned about their performance or conduct.
- Practitioners for whom the appraisal process has identified very early signs of difficulties. Further training at this stage may enable the practitioner to stay within the appraisal system without triggering other clinical governance processes;
- Practitioners who have had a significant career/organisational break or other absence from practice. For example, this might have arisen through suspension/exclusion (with or without identified clinical deficiencies), a change in career path, ill-health/maternity/carers leave or other types of statutory leave, or a period working outside the UK. Whether a break is 'significant' will be a matter for judgement, based on specialty, experience, job plan/content, confidence, health and work context. Absence from active practice for six months or more is a reasonable guide, consistent with current college, regulator and health department practice.

## **Who pays for further training?**

It is the doctor's responsibility to identify funding; the FPH cannot be responsible for funding additional training.

## **What are the doctor's responsibilities?**

Established adult learning theory suggests that there will be more chance of success if the practitioner is able to engage with the process, develop and own an action plan, participate in the agreed interventions and provide the agreed supporting information/evidence (such as audits, reflective learning logs, certificates of completion of continuing professional development etc). NCAS report that active engagement in programme development is rarely achievable without considerable support for the doctor involved. They often feel disempowered, cornered and paralysed by the processes they have been through. The task feels too enormous and they cannot see a way through the difficulties. That said, through the life of the further training programme it is the practitioner's responsibility to engage with the

process and demonstrate progress against the milestones defined in the action plan. It is therefore essential for the practitioner to address disengagement. With the support of an experienced, neutral and objective facilitator such as a mentor and with the practitioner accessing other appropriate advice,

### **What are the responsibilities of the FPH**

**It should be noted that FPH does not offer or fund remediation services, nor does it organize training on public health topics for re-skilling or development. However, it is possible for a doctor to access further training or development with an external body such NCAS. FPH does allow for the provision of advertisement of external training events through the monthly e-bulletin. Training events can be found with training providers, and can be counted as development for a PDP/appraisal.**

The doctor and their employer/contracting organisation has responsibility for patient/ public safety. In fulfilling the responsibility of a Designated Body, the FPH will take the lead in drafting, implementing and monitoring the agreed action plan. The FPH RO will work with the doctor and their employer/contractor(s) to ensure that both the individual and organisational responsibilities are met.

### **What role can NCAS play?**

For doctors working in the UK, NCAS can advise on the drafting or reviewing of action plans, their implementation and on methods of monitoring progress.

### **The process step by step**

This section builds on the principles and practical considerations above to suggest a step by step process for planning and implementing a further training programme. The progression may not be linear and changes may be made, with agreement, at any point during the programme. Because the FPH is not the employer then the following steps are likely to be preceded by a 'case conference' involving the doctor, the appraiser, the RO and if appropriate the employer.

1. Identify the full range of concerns - Ensure that there is a clear understanding of the nature and range of concerns. If there is not already a clear understanding, further investigation or assessment may be necessary.
2. Draft an action plan framework (Perhaps using the NCAS [action plan framework template](#) ) to outline the plan to address identified training needs. This provides an overview of the proposed plan for 'in principle' discussions.

3. Agree to proceed (or not) - Identify next steps for agreeing the plan, or to examine alternative actions if it is not possible to reach agreement on the outline framework.
4. Plan the detail - Once there is agreement on the framework, use the (perhaps using the NCAS [practitioner action plan template](#)) to construct a detailed plan. This should include programme objectives, interventions, use of placements, milestones, supporting information/evidence, funding estimates and actions to be taken if progress exceeds or falls short of expectations at specified review points.
5. Implement and monitor - Through close monitoring and collection of pre-specified information, decisions can be made at planned review points about whether objectives have been met and whether the programme should continue. A reporting structure should be defined for collecting comments from clinical supervisors, specialist trainers and educationalists as well as from the practitioner.
6. Complete the programme and follow up - Management actions will depend on whether concerns about the practitioner's performance have been resolved or only partially resolved. Follow up actions should normally be linked firmly with the appraisal process.

Detailed advice available on the NCAS is available to support this process.

### **Online resources**

<http://www.ncas.nhs.uk/resources/good-practice-guides/back-on-track/>  
detailed guidance on which this policy is based.

[How to conduct a local performance investigation \(NCAS, 2010\)](#) (pdf 2.47mb) is relevant because the recommendations from a preliminary investigation may help identify the objectives for a further training programme if an assessment has not taken place.

[Handling concerns about the performance of healthcare professionals \(NCAS and Department of Health, 2006\)](#) (pdf 570 kb) also remains current. This guide defines good practice in handling concerns about professional staff in all healthcare settings and at all levels.

Two other NCAS good practice guides, *Monitoring further training programmes* and *Handling cases involving concerns about a practitioner's health* will be available on the [NCAS website](#) shortly