

SGHD

NATIONAL & REGULATORY STANDARDS COMMITTEE

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TACKLING CONCERNS LOCALLY – NHS Lothian PILOT MEETING

Date 17.12.2008

Present: Dr C Swainson, Medical Director, NHS Lothian
Dr F M Elliot, Senior Medical Officer, SGHD
Ms J Todd, Head of Scottish Affairs, GMC
Mr B Dobson, Head of Case Review, GMC

Item	Topic	Action By:	Due Date:
1	Apologies		
	John Mullett, Scottish Government Health Directorates (SGHD) Shiona Mackie, National clinical Assessment Service (NCAS), Scotland		
2	Terms of Reference of the Pilot		
	Those present discussed the need to agree the method and delivery of investigation of performance concerns at a local board level. The pilot would seek to establish systems of communication between boards and the GMC. It would also look at improving the standards of investigation undertaken by Boards that the GMC as regulator would find helpful. It was agreed that there would be similar issues in relation to health assessment and the relationship with NCAS.		
3	Current GMC Requirements		
	Blake Dobson explained that the GMC Fitness to Practice (FTP) investigations are set within a legal framework which has a requirement to demonstrate a logical and clear audit trail of the investigation. The actions that need to be taken include: Was there a concern? Who noticed it? How was it reported? What was documented? What action was taken? Was the doctor given an opportunity to answer the concern raised? What was the outcome?		

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	<p>...n offered?</p> <p>...n this/co-operate?</p> <p>The GMC is moving towards a case conference approach which can be useful at a point in time. The GMC, NCAS and the employer should be involved to determine the threshold for referral to NCAS or the GMC, and the pilot could look at some real case studies to agree who does what.</p> <p>Blake indicated that the document %Maintaining High Professional Standards+produced in England was helpful but now that it has been used in practice could do with some refinement. It was agreed to consider this document as part of this pilot work. Dr Elliot agreed to circulate a copy.</p> <p>In terms of assessment, the GMC statutorily undertakes two independent health assessments. (Schedule 2 of the FTP (2004) rules.)</p>	Dr Elliot	31.12.08
4	Occupational Health Assessment		
	<p>Dr Swainson indicated that boards will often refer to their own consultant led occupational health (OH) services and offer treatment locally, for example, for alcohol problems. This often requires the doctor to be absent from work until they have completed the programme and have been re-assessed by occupational health.</p> <p>It would be helpful to agree what communication should take place between the GMC medical supervisors and the local OH service.</p> <p>Dr Swainson also indicated that doctors who veer off the treatment programme, fail to comply with treatment, or demonstrate probity/criminal/duplicity issues are mostly referred to the GMC.</p>	B. Dobson to consider	17.3.09
5	Assessment of performance		
	<p>Dr Swainson and Dr Elliot indicated that the most technically difficult aspect of managing performance issues is the assessment of performance. One option within boards is to look at doctors in secondary care who have low levels of clinical activity compared to their peers. This can often be identified at job planning. Another option is to look at any evidence of an abnormal pattern of clinical practice which is not easily explained.</p> <p>To do this will require the development of a local</p>	Dr Swainson	17.3.09

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	for any doctor or dentist who	to consider	
6	Training for Investigation		
	There is a need to consider what training is provided for medical managers who are required to undertake local investigations. NHS Lothian has a training programme in development. It was agreed that this issue will need to be discussed and potential options for delivering a standard training package should be considered.	Dr Elliot to consider with John Mullett	17.3.09
7	NHS Scotland guidance on managing employee issues		
	There are a number of Partnership Information Network (PIN) guidelines on the management of issues relating to all employees. It was agreed that it would be useful to consider the most relevant guidance as part of this pilot.	Dr Elliot to circulate electronic copies of PIN guidelines	31.12.08
8	Additional actions		
	To start the process Blake Dobson agreed to draw up preliminary documentation and circulate this for comment. Dr Swainson will identify a current Lothian case to look at how the process was undertaken. Dr Elliot agreed to speak to Dr Alastair Leckie who chairs the Occupational Health Directors group to seek their input and possibly a meeting with GMC colleagues to discuss communication routes.		
9	Date, time and venue of next meeting		
	17 March 2009, 1pm, Deaconess House Lunch will be provided.		