



MANAGING POOR CLINICAL PERFORMANCE IN SENIOR CLINICAL STAFF POLICY

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Contents

- 1. INTRODUCTION 1
- 2. PRINCIPLES..... 1
- 3. IDENTIFICATION OF POOR CLINICAL PERFORMANCE 1
- 4. MANAGING PERFORMANCE 2
- 5. INTERNAL REVIEW PROCESS 3
 - LEVEL 1 3
 - LEVEL 2..... 4
 - LEVEL 3..... 5
 - LEVEL 4..... 6
- 6. RECORD KEEPING..... 7
- 7. TRAINING 7
- 8. APPRAISAL..... 8

DOCUMENT CONTROL

Document Storage

P:\Ops Team\Central Policies & Procedures - Development - Word Docs\CG - Clinical Governance Policies\CG-12 - Managing Poor Clinical Performance Policy in Senior Clinical Staff V3.0.doc

Version Control Log (Only last 3 versions, earlier versions can be found in the appropriate Achieve directory for the document)

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D2.0	Nov 2015	Jl/CMG	Draft Version
V2.0	Nov 2015	Jl	Original version
V3.0	Sept 2023	FW, LR, VV	Reviewed, updated

Approval

Version	Name	Position	Signature	Approved Date
V1.0	Badger Exec	Executive Team		12 Dec 2012
D2.0	Badger CMG	CMG Team		

Glossary

Term	Description
ANP	Advanced Nurse Practitioners
CMG	Clinical Management Group
HCP	Healthcare Professional
PCN	Primary Care Nurses
MD	Medical Director

1. INTRODUCTION

Badger has a diverse clinical workforce including employed and self-employed clinicians. The aim of this document is to provide common principles of a fair and consistent process for dealing with concerns that may arise no matter what their contractual arrangements. It outlines the systems that Badger has in place to investigate and manage Clinical performance and gives guidance for those who have concerns about a Senior Clinical member of Staff.

Registered Healthcare Professionals (HCPs) will be managed by the Medical Director (Medical Director).

Whilst recognising that primary care involves teamwork, the focus of this policy is on the care provided by individual HCPs who are employed or work for Badger.

2. PRINCIPLES

The fundamental principle on which this document is based is patient safety and the minimisation of risk to patients, colleagues and the clinician themselves.

In March 2013 the General Medical Council issued the "Maintaining Good Medical Practice" document which stressed the need for effective local procedures in this matter. Similarly the Nursing and Midwifery Council has produced a Code of Practice document that applies to Nurses in March 2015.

Badger is committed to a supportive rather than punitive approach and aims to work closely with the relevant bodies e.g. NHSE, Health Education England, Healthcare Professional regulatory bodies.

Healthcare Professionals are expected by Badger to be personally aware of its clinical guidance and operating procedures and to adhere to their duties and responsibilities as defined by their professional regulatory body and within their contract of employment or Badger agreement.

The process will be fair, transparent, easily accessible and free from discrimination. The process will be prompt, fair and impartial.

3. IDENTIFICATION AND ASSESSMENT OF POOR CLINICAL PERFORMANCE

Concern may be caused when there is inadequate knowledge, skills or care or where behaviour places patients at potential risk. This may include both clinical and non-clinical performance. A single incident will not in itself usually constitute "causing concern", but will still need to be addressed.

"Working with Doctors Working for Patients" (GMC 2012) suggests that "failure to meet accepted standards of professional practice is not common, but when it does occur it can manifest in diverse ways. For example, poor clinical performance can be associated with errors or delays in diagnosis, use of outmoded tests or treatments, failure to act on the results of monitoring or testing, technical errors in performance of a procedure, poor attitude and behaviour, inability to work as a member of a team, or poor communication with patients.

Concerns may be raised from a variety of sources. These may include:

- Patients and carers, their representatives or representative organizations
- Issues raised by staff or co-workers
- Examination of trends in complaints, claims, significant incidents and deaths
- External assessment visits e.g. CQC
- Appraisal
- Clinical audit may highlight areas of practice causing concern.

The Medical Director (Medical Director) should be informed of all instances where the performance of professionals is giving cause for concern. It is the responsibility of the Medical Director to ensure that the system outlined in this document is followed.

4. MANAGING PERFORMANCE

Badger has a responsibility to provide suitable support mechanisms for the individual at all levels of concern. At all levels it is crucial that the practitioner is kept informed in writing and offered support from their Professional Associations, MDO or other local support (via HR)

Concern should be raised with the Medical Director who will assess the level of risk.

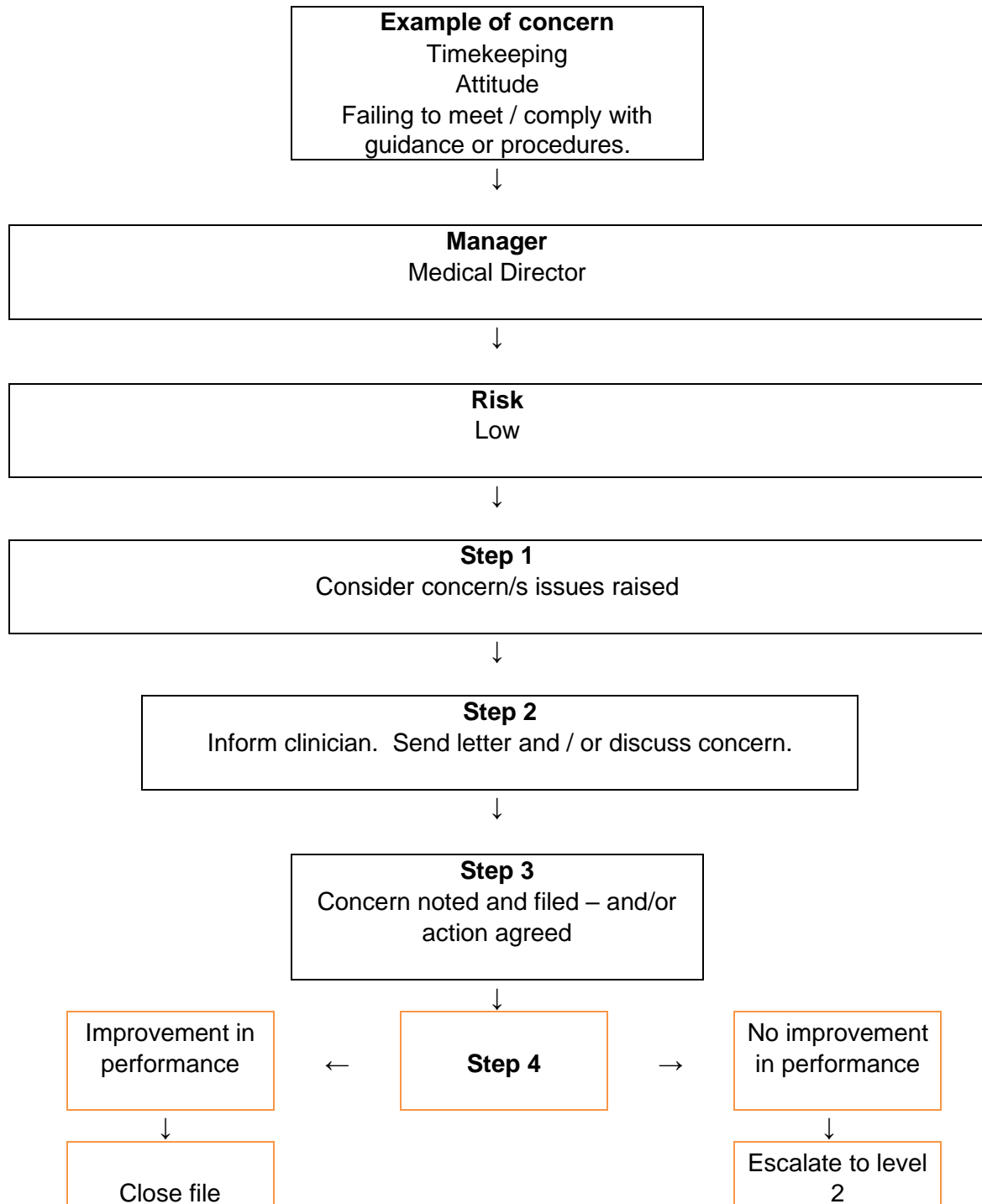
A concern can be dealt at any one of four levels, as shown in succeeding sections. The level of risk should be evaluated during each stage. The levels explained are for guidance, it will be the responsibility of the Medical Director to use judgment when assessing.

At any point the Medical Director may seek additional information varying the level of risk or escalate / de-escalate the procedure. The Medical Director may consult with the HR Department, Executive Chair and Chief Executive if appropriate.

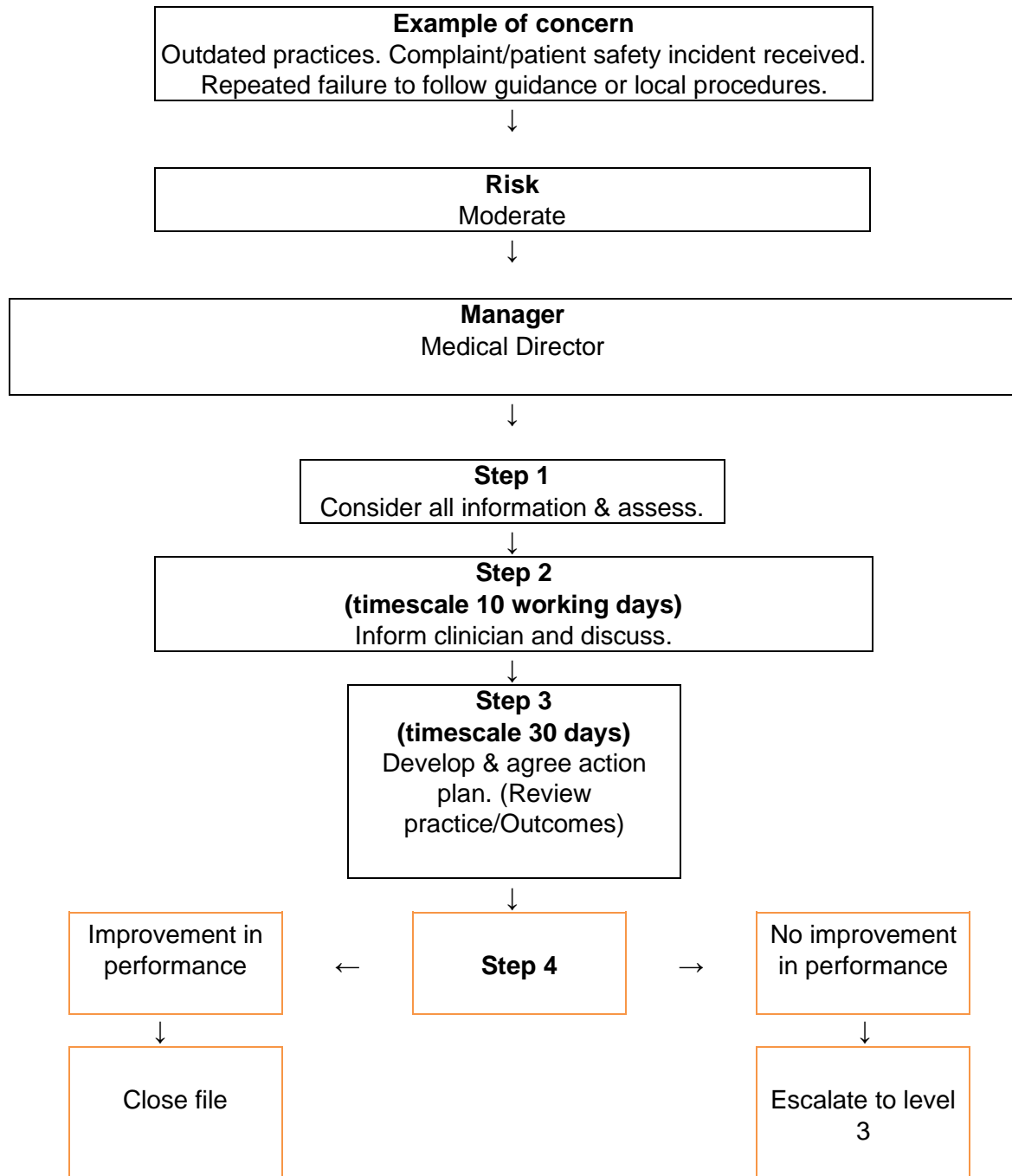
Resource: Document G01 - Clinical Governance - Incident Reporting (annex a) Includes Incident scoring matrix

5. INTERNAL REVIEW PROCESS

LEVEL 1



LEVEL 2



LEVEL 3

Example of concern
 Serious complaint.
 Failure to meet standards.
 Serious patient safety incident.
 Not complying with agreed action plan.

Risk

High

Manager/Department
 Medical Director
 Human Resources Department

Step 1

(timescale 2 days)
 Medical Director to Develop action plan.

Step 2

(timescale 5-10 days)
 Inform clinician, meet, agree action plan

Step 3

(timescale 25 days)
 Use Decision Support Tree
 Support/Monitor/Review



← Performance outcome-
 system induced error.
 Inform
 Governance Manager to
 Review System.

Step 4

→ Concern raised.
 Discuss Action.
 Consider health
 conditions/factors.



Review System
 Share outcome
 Close file



Escalate to level 4

LEVEL 4

Example of concern
 Complete failure to meet professional standards.
 Serious complaint/s highlighting significant areas of concern

Risk

Very high

Manager/Department

Medical Director /
 Human Resources Department/
 CMG

Step 1

(timescale 24 hrs)

Consider all information & assess.
 Inform clinician.

Step 2

(timescale 10 days)

Report to be completed with recommendations

Step 3

(timescale 8/10 days)

Monitor/Support/Review

Performance outcome-
 system induced error.
 Inform Governance
 Manager to Review
 System.

Step 4

Concern remains.
 Discuss Action.
 Consider Occupational
 Health.

Review system
 Share outcome
 Close file

Medical Director
 Report to board / NMC/
 NHSE / GMC

- 5.1 Expressions of concern along with supporting information will be raised with the Medical Director who will calculate a risk level relating to that clinician. If the Medical Director considers it appropriate a meeting with the clinician will be arranged.

Following this meeting, if there is residual low-level concern the Clinician will be encouraged to review their personal development plan. The outcome of the meeting will be recorded and a review date agreed if necessary.

If a decision is made to restrict work or to withdraw shifts the rota team and head of operations must be informed in writing with clear details of the timescale.

- 5.2 If further investigation is required the Medical Director may seek further information which may include:

- Complaints, clinical enquiries and incidents
- Audit data; clinical and performance audit
- Education and training information
- Team leader report information

A second meeting may be required. After collection of this information, the Medical Director will reconsider the case and if concerns are low level take appropriate action e.g. assist HCP in developing a Personal Development Plan.

- 5.3 Where the Medical Director finds grounds for moderate concern risk or above, an action plan will be drawn up with the professional. This plan shall include such details as educational intervention, mentoring, monitoring of progress and a formal review timetable with clear goals. The Medical Director will decide whether there are any residual concerns that should be shared. Note: Self-employed clinicians will be responsible for their own remedial actions with guidance from the medical director.

- 5.4 Where no evidence of concern is found this shall be clearly recorded

6. RECORD KEEPING

All concerns raised shall be recorded on their personal file. Any requiring investigation as complaints, incidents or enquiries should be appropriately investigated. The professional involved should be told that a concern about their practice has been received. The outcome of any investigation should also be recorded. Any clinician is entitled to have access to their own record in accordance with the Data Protection Act 2018/UK GDPR.

7. TRAINING

Training for clinicians will be provided through Badger on a regular basis and clinicians are encouraged to attend the educational sessions that are arranged to assist with their professional development.

Doctors are encouraged to attend CPD sessions and undertake professional training via training portals such as Bluestream / ELF – Health. These should be evidence as part of their annual appraisal.

Should a specific training need be identified for an individual clinician, appropriate training will be discussed between the clinician and the Medical Director. It is the responsibility of the individual healthcare professional to ensure they are professionally competent and up to date.

Salaried doctors may apply via the training and study leave procedures for educational support.

8. APPRAISAL

Clinical Employees will be offered regular appraisal, regardless of the number of hours they work. Self-employed doctors and other clinicians working as independent contractors are expected to include their out-of-hours work in their NHS appraisal and regulatory revalidation process.

Managing Poor Clinical Performance

III Health Foresight Test Substitution Test

Based on James Reason's Culpability Model

START HERE

