

<b>DOCUMENT CONTROL</b>	
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This policy applies to Doctors and Dentists except for Agenda for Change employees	
<b>Purpose:</b>	
The procedures set out below are designed to cover issues where a doctor's capability to practise is in question.	
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<b>Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):</b>	
<b>Policy Associated Documents:</b>	
TAD_HR022_01	<a href="#">Procedure to be followed prior to Capability Hearings</a>
TAD_HR022_02	<a href="#">Procedure to be followed at Capability Hearing</a>
TAD_HR022_03	<a href="#">Appeal Panels in Capability Cases</a>
TAD_HR022_04	<a href="#">Conduct of an Appeal Hearing</a>

<b>Other external documentation/resources to which this policy relates:</b>	
MHPS	Maintaining High Professional Standards – Department of Health Documentation
	Equality Act 2010
<b>CQC Regulations</b>	
<b>This guideline supports the following CQC regulations:</b>	

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## **1. INTRODUCTION**

The Department of Health framework HSC 2003/012 ' Maintaining High Professional Standards in the Modern NHS' replaces HC (90)9, HC (82)13 and HM (61)112.

The procedure has been developed in line with Part IV and Part V of the framework

## **2. PURPOSE**

The procedures set out below are designed to cover issues where a doctor's capability to practise is in question.

## **3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

Prior to instigating these procedures, the manager should consider the scope for resolving the issue through counselling or retraining and should take advice from the NCAS.

Capability may be affected by ill health. Arrangements for handling concerns about a practitioner's health are described in Section 9 of this procedure. Managers should follow the Managing Attendance at Work Policy when dealing with ill health – including obtaining advice, usually from a consultant Occupational Health Physician.

Managers must ensure that investigations and capability procedures are conducted in a way that does not discriminate on the grounds of race, gender, disability or indeed on other grounds.

The Trust will ensure that managers and case investigators receive appropriate and effective training in the operation of capability procedures. Those undertaking investigations or sitting on capability or appeals panels must have had formal equal opportunities training before undertaking such duties. The Trust Board must agree what training its staff and its members must have completed before they can take a part in these proceedings.

## **4. GENERAL PRINCIPLES**

The causes of adverse events should not automatically be attributed to the actions, failings or unsafe acts of an individual alone. Root cause analyses of individual adverse events frequently show that these are more broadly based and can be attributed to systems or organisational failures, or demonstrate that they are untoward outcomes which could not have been predicted and are not the result of any individual or systems failure. Each will require appropriate investigation and remedial actions.

The National Patient Safety Agency (NPSA) was established to co-ordinate the efforts of all those involved in healthcare to learn from adverse incidents occurring within the NHS. In particular, the NPSA aims to facilitate the development of an open and fair culture, which encourages doctors, dentists and other NHS staff to report adverse incidents and other near misses in a climate free from fear of personal reprimand, where the sharing of experience helps others to learn lessons and in turn improve patient safety.

However, there will be occasions where an employer considers that there has been a clear failure by an individual to deliver an adequate standard of care, or standard of management, through lack of knowledge, ability or consistently poor performance. These are described as capability issues.

Concerns about the capability of a doctor or dentist may arise from a single incident or a series of events, reports or poor clinical outcomes. Advice from the National Clinical Assessment Service (NCAS) (or successor body) will help the Trust to come to a decision on whether the matter raises questions about the practitioner's capability as an individual (health problems, behavioural difficulties or lack of clinical competence) or whether there are other matters that need to be addressed. If the concerns about capability cannot be resolved routinely by management, the matter must be referred to the NCAS before the matter can be considered by a capability panel (unless the practitioner refuses to have his or her case referred). Employers are also strongly advised to involve the NCAS in all other cases particularly those involving professional conduct.

Matters which may fall under the capability procedures include:

- Out of date clinical practice
- Inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk
- Incompetent clinical practice
- Inability to communicate effectively
- Inappropriate delegation of clinical responsibility
- Inadequate supervision of delegated clinical tasks
- Ineffective clinical team working skills

Wherever possible, employers should aim to resolve issues of capability (including clinical competence and health) through ongoing assessment and support. Early identification of problems is essential to reduce the risk of serious harm to patients. The NCAS has a key role in providing expert advice and support for local action to support the remediation of a doctor or dentist and should be consulted. A web based toolkit has been developed and is available at [www.NCAS.nhs.uk/toolkit](http://www.NCAS.nhs.uk/toolkit).

Any concerns about capability relating to a doctor or dentist in recognised training grades should be considered initially as a training issue and dealt with via the educational supervisor and college or clinical tutor, with close involvement of the postgraduate dean from the outset.

## **5. HOW TO PROCEED WHERE CONDUCT AND CAPABILITY ISSUES INVOLVED**

It is inevitable that some cases will cover conduct and capability issues. It is recognised that these cases can be complex and difficult to manage. If a case covers more than one category of problem, they should usually be combined under a capability hearing although there may be occasions where it is necessary to pursue a conduct issue separately. It is for the employer to decide on the most appropriate way forward having consulted with an NCAS adviser and their own employment law specialist.

## 6. CAPABILITY PROCEDURE

### Investigation

All serious concerns must be registered with the Chief Executive and he/she must ensure that a case manager is appointed to each case.

The Chairman of the Board must designate a non-executive member “the designated member” to oversee the case and ensure the momentum is maintained.

The Medical Director will act as the case manager in cases involving medical managers and consultants.

The Medical Director may delegate the role of case manager to a senior manager to oversee the case on his/her behalf in other cases.

The Medical Director will work with the Head of HR to decide the appropriate course of action in each case.

The first task of the case manager is to identify the nature of the problem or concern and to assess the seriousness of the issue on the information available and the likelihood that it can be resolved without resort to formal procedures.

This decision should be taken in consultation with the Medical Director, Head of HR and NCAS. This can include the NCAS undertaking a formal clinical performance assessment when the doctor, Trust and NCAS agree this could be helpful.

Contact to the NCAS must be made by the Medical Director in the first instance. Where the concerns relate to a doctor in training, the postgraduate dean should be involved as soon as possible.

Having discussed the case with the NCAS, the case manager must decide whether an informal approach can be taken to address the problem, or whether a formal investigation will be needed.

Where the informal route is chosen the NCAS can still be involved until the case is resolved.

Where it is decided that a more formal route needs to be followed (perhaps leading to capability proceedings) the Medical Director must, after discussion between the Chief Executive and Head of HR, appoint an appropriately experienced or trained person as case investigator.

The seniority of the case investigator will differ depending on the grade of the practitioner involved in the allegation. The Case Manager will identify the appropriate case investigator.

The case investigator is responsible for leading the investigation into any allegations or concerns about a practitioner, establishing the facts and reporting the findings.

The case investigator:

- Must formally involve a senior member of medical staff where a question of clinical judgement is raised during the investigation process.

- Must ensure that safeguards are in place throughout the investigation so that breaches of confidentiality are avoided as far as possible.
- Must ensure that there are sufficient written statements collected to establish a case prior to a decision to convene a panel, and on aspects of the case not covered by written statements, ensure that oral evidence is given sufficient weight in the investigation report.
- Must ensure that a written record is kept of the investigation, the conclusions reached and the course of action agreed by the Head of HR with the Medical Director.
- Must assist the designated Board member in reviewing the progress to date.

The case manager must inform the practitioner in writing as soon as a decision has been made to undertake an investigation. The name of the case investigator and specific allegations or concerns raised must be given. The practitioner must also be given the opportunity to see any correspondence relating to the case and a list of the people the case investigator will interview.

The practitioner must be given the opportunity to put their view or events to the case investigator. The practitioner can be accompanied at this interview or any other interview or hearing by a companion. The companion may be another employee of the Trust; an official or lay representative of the BMA or defence organisation; or a friend, partner or spouse. The companion may be legally qualified but he or she will not be acting in a legal capacity.

If during the course of the investigation it transpires that the case involves more complex clinical issues than first anticipated, the case manager should consider whether an independent practitioner from another NHS body should be invited to assist.

The case investigator should complete the investigation within 4 weeks of appointment and submit their report to the case manager within a further 5 days.

### **The Pre-Hearing Process**

When a report of the Trust investigation has been received, the case manager must give the practitioner the opportunity to comment in writing on the factual content of the report produced by the case investigator. Comments in writing from the practitioner, including any mitigation, must normally be submitted to the case manager within 10 working days of the date of receipt of the request for comments. In exceptional circumstances, for example in complex cases or due to annual leave, the deadline for comments from the practitioner should be extended.

The case manager should decide what further action is necessary, taking into account the findings of the report, any comments that the practitioner has made and the advice of the NCAS. The case manager will need to consider urgently:

- Whether action under the Trust Doctors Discipline and Suspension Procedure is necessary to exclude the practitioner; or
- To place temporary restrictions on their clinical duties.

The case manager will also need to consider with the Medical Director and Head of Human Resources whether the issues of capability can be resolved through local action (such as retraining, counselling, performance review). If this action is not practicable for any reason the matter must be referred to the NCAS for it to consider whether an assessment should be carried out and to provide assistance in drawing up an action plan. The case manager will inform the practitioner concerned of the decision immediately and normally within 10 working days of receiving the practitioner's comments.

The NCAS will assist the employer to draw up an action plan designed to enable the practitioner to remedy any lack of capability that has been identified during the assessment. The Trust must facilitate the agreed action plan (which has to be agreed by the Trust and the practitioner before it can be actioned). There may be occasions when a case has been considered by the NCAS, but the advice of its assessment panel is that the practitioner's performance is so fundamentally flawed that no educational and/or organisational action plan has a realistic chance of success. In these circumstances, the case manager must make a decision, based upon the completed investigation report and informed by the NCAS advice, whether the case should be determined under the capability procedure. If so, a panel hearing will be necessary.

If the practitioner does not agree to the case being referred to the NCAS, a panel hearing will normally be necessary.

The procedure to be followed before the hearing is outlined in TAD\_HR022\_02.

## **7. THE HEARING FRAMEWORK**

The capability hearing will be chaired by an Executive Director of the Trust. The panel should comprise a total of 3 people, 2 members of the Trust Board, or senior staff appointed by the Board for the purpose of the hearing, plus a medical practitioner not employed by the Trust. This representative will be determined through discussion with the MSC Chair.

As far as is reasonably possible or practical, no member of the panel or advisers to the panel should have been previously involved in the investigation

The panel will be advised by:

- A senior member of staff from Human Resources; and
- A senior clinician from the same or similar clinical specialty as the practitioner concerned, but from another NHS employer.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the senior clinician is unable to advise on the appropriate level of competence, a doctor from another NHS employer in the same grade as the practitioner in question should be asked to provide advice.

A practitioner may raise an objection to the choice of any panel member within 5 working days of notification. The Trust is required to review the situation and take reasonable measures to ensure that the membership of the panel is acceptable to the practitioner. It may be necessary to postpone the hearing while this matter is resolved. The Trust is

required to provide the practitioner with the reasons for reaching its decision in writing before the hearing can take place.

### **Representation at Capability Hearings**

The hearing is not a court of law. Whilst the practitioner should be given every reasonable opportunity to present his or her case, the hearing should not be conducted in a legalistic or excessively formal manner.

The practitioner may be represented in the process by a friend, partner or spouse, colleague, or a representative who may be from or retained by a trade union or defence organisation. Such a representative may be legally qualified but they will not, however, be representing the practitioner formally in a legal capacity. The representative will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any witness evidence.

### **Conduct of the Capability Hearing**

The hearing should be conducted in line with the procedure outlined at TAD\_HR022\_02.

### **Decisions**

The panel will have the power to make a range of decisions including the following:

- No action required
- Oral agreement that there must be an improvement in clinical performance within a specified time scale with a written statement of what is required and how it might be achieved (stays on employee's record for 6 months)
- Written warning that there must be an improvement in clinical performance within a specified time scale with a statement of what is required and how it might be achieved. (stays on employee's record for 1 year)
- Final written warning that there must be an improvement in clinical performance within a specified time scale with a statement of what is required and how it might be achieved. (stays on employee's record for 1 year)
- Termination of contract.
- It is also reasonable for the panel to make comments and recommendations on issues other than the competence of the practitioner, where these issues are relevant to the case. For example, there may be matters around the systems and procedures operated by the Trust that the panel wishes to comment upon.

A record of oral agreements and written warnings should be kept on the practitioner's personnel file but should be removed following the specified period.

The decision of the panel should be communicated to the parties as soon as possible and normally within 5 working days of the hearing. Because of the complexities of the issues under deliberation and the need for detailed consideration, the parties should not necessarily expect a decision on the day of the hearing.

The decisions must be confirmed in writing to the practitioner. This notification must include reasons for the decision, clarification of the practitioner's right of appeal and notification of any intent to make a referral to the GMC/GDC or any other external/professional body.

## **8. APPEALS PROCEDURES IN CAPABILITY CASES**

The appeals procedure provides a mechanism for practitioners who disagree with the outcome of a decision to have an opportunity for the case to be reviewed. The appeal panel will need to establish whether the Trust's procedures have been adhered to and that the panel in arriving at their decision acted fairly and reasonably based on:

- Fair and thorough investigation of the issue
- Sufficient evidence arising from the investigation or assessment on which to base the decision
- Whether in the circumstances the decision was fair and reasonable and commensurate with the evidence heard.
- It can also hear new evidence submitted by the practitioner and consider whether it might have significantly altered the decision of the original hearing. The appeal panel, however, should not rehear the entire case.

A dismissed practitioner will in all cases be potentially able to take their case to an Employment Tribunal where the reasonableness or otherwise of the Trust's actions will be tested.

The predominant purpose of the appeal is to ensure that a fair hearing was given to the original case and a fair and reasonable decision reached by the hearing panel. The appeal panel has the power to confirm or vary the decision made at the capability hearing, or order that the case is reheard. Where it is clear in the course of the appeal hearing that the proper procedures have not been followed and the appeal panel determines that the case needs to be fully re-heard, the Chairman of the panel shall have the power to instruct a new capability hearing.

Where the appeal is against dismissal, the practitioner should not be paid during the period of appeal, from the date of termination of employment. Should the appeal be upheld, the practitioner should be reinstated and must be paid backdated to the date of termination of employment. Where the decision is to rehear the case, the practitioner should also be reinstated, subject to any conditions or restrictions in place at the time of the original hearing, and paid backdated to the date of termination of employment.

The panel should consist of three members. The members of appeal panel must not have had any previous direct involvement in the matters that are the subject of the appeal, for example they must not have acted as the designated board member. These members will be:

- An independent member (trained in legal aspects of appeals) from an approved pool (Annex A of Part IV attached at TAD\_HR022\_03). This person is designated Chairman.
- The Chairman (or other non-executive director) of the employing organisation who must have the appropriate training for hearing an appeal.

- A medically qualified member (or dentally qualified if appropriate) who is not employed by the Trust who must also have the appropriate training for hearing an appeal. This representative will be determined through discussion with the MSC Chair.

The panel should call on others to provide specialist advice. This should normally include:

- A consultant from the same specialty or subspecialty as the appellant, but from another NHS employer
- A senior Human Resources specialist.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the senior clinician is unable to advise on the appropriate level of competence, a doctor from another NHS employer in the same grade as the practitioner in question should be asked to provide advice.

The Trust should arrange the panel and notify the appellant as soon as possible and in any event within the recommended timetable in paragraph 7.9. Every effort should be made to ensure that the panel members are acceptable to the appellant. Where in rare cases agreement cannot be reached upon the constitution of the panel, the appellant's objections should be noted carefully. Trusts are reminded of the need to act reasonably at all stages of the process.

It is in the interests of all concerned that appeals are heard speedily and as soon as possible after the original capability hearing. The following timetable should apply in all cases:

- Appeal by written statement to be submitted to Head of Human Resources within 25 working days of the date of the written confirmation of the original decision.
- Hearing to take place within 25 working days of date of lodging appeal.
- Decision reported to the appellant and the Trust within 5 working days of the conclusion of the hearing.

The timetable should be agreed between the Trust and the appellant and thereafter varied only by mutual agreement. The case manager should be informed and is responsible for ensuring that extensions are absolutely necessary and kept to a minimum.

The appeal panel has the right to call witnesses of its own volition, but must notify both parties at least 10 working days in advance of the hearing and provide them with a written statement from any such witness at the same time.

Exceptionally, where during the course of the hearing the appeal panel determines that it needs to hear the evidence of a witness not called by either party, then it shall have the power to adjourn the hearing to allow for a written statement to be obtained from the witness and made available to both parties before the hearing reassembles.

If, during the course of the hearing, the appeal panel determines that new evidence needs to be presented, it should consider whether an adjournment is appropriate. Much will depend on the weight of the new evidence and its relevance. The appeal panel has the power to determine whether to consider the new evidence as relevant to the appeal, or whether the case should be reheard, on the basis of the new evidence, by a capability hearing panel.

The conduct of the appeal hearing is outlined in TAD\_HR022\_04.

## **9. GENERAL CONSIDERATIONS**

Where the employee leaves employment before disciplinary procedures have been completed, the investigation must be taken to a final conclusion in all cases and capability proceedings must be completed wherever possible, whatever the personal circumstances of the employee concerned.

Every reasonable effort must be made to ensure the employee remains involved in the process. If contact with the employee has been lost, the employer should invite them to attend any hearing by writing to both their last known home address and their registered address (the two will often be the same). The employer must make a judgement, based on the evidence available, as to whether the allegations about the practitioner's capability are upheld. If the allegations are upheld, the employer must take appropriate action, such as requesting the issue of an alert letter and referral to the professional regulatory body, referral to the police, or the Protection of Children Act List (held by the Department for Education and Skills).

If an excluded employee or an employee facing capability proceedings becomes ill, they should be subject to the Managing Attendance at Work Policy. The sickness absence procedures take precedence over the capability procedures and the employer should take reasonable steps to give the employee time to recover and attend any hearing. Where the employee's illness exceeds 4 weeks, they must be referred to the Occupational Health Service. The Occupational Health Service will advise the employer on the expected duration of the illness and any consequences it may have for the capability process and will also be able to advise on the employee's capacity for future work, as a result of which the employer may wish to consider retirement on health grounds. Should the employment be terminated as a result of ill health, the investigation should still be taken to a conclusion and the employer form a judgement as to whether the allegations are upheld.

If, in exceptional circumstances, a hearing proceeds in the absence of the practitioner, for reasons of ill-health, the practitioner should have the opportunity to submit written submissions and/or have a representative attend in his absence.

Where a case involves allegations of abuse against a child, the guidance issued to the NHS in September 2000, called "The Protection of Children Act 1999 - A Practical Guide to the Act for all Organisations Working with Children" gives more detailed information. A copy can be found on the Department of Health Website.

## **10. HANDLING CONCERNS ABOUT A PRACTITIONER'S HEALTH**

A wide variety of health problems can have an impact on an individual's clinical performance. These conditions may arise spontaneously or be as a consequence of work place factors such as stress.

The principle for dealing with individuals with health problems is that, wherever possible and consistent with reasonable public protection, they should be treated, rehabilitated or

re-trained (for example if they cannot undertake exposure prone procedures) and kept in employment, rather than be lost from the NHS.

### **Retaining the services of individuals with health problems**

Wherever possible the Trust should attempt to continue to employ the individual provided this does not place patients or colleagues at risk.

Examples of action include:

- Sick leave for the practitioner (the practitioner to be contacted frequently on a pastoral basis to stop them from feeling isolated)
- Remove the practitioner from certain duties
- Reassign them to a different area of work
- Arrange re-training or adjustments to their working environment with appropriate advice from the NCAS and/or deanery, under reasonable adjustment provision in the Equality Act 2010

### **Reasonable adjustment**

At all times the practitioner should be supported by the Trust and the Occupational Health Service who should ensure that the practitioner is offered every available resource to get back to practise where appropriate. The Trust should consider what reasonable adjustments could be made to their workplace conditions or other arrangements, such as:

- Make adjustments to the premises
- Re-allocate some of the disabled person's duties to another
- Transfer employee to an existing vacancy
- Alter employee's working hours or pattern of work
- Assign employee to a different workplace
- Allow absence for rehabilitation, assessment or treatment
- Provide additional training or retraining
- Acquire/modify equipment
- Modifying procedures for testing or assessment
- Provide a reader or interpreter
- Establish mentoring arrangements

In some cases retirement due to ill health may be necessary. Ill health retirement should be approached in a reasonable and considerate manner, in line with NHS Pensions Agency Advice. However, it is important that the issues relating to conduct or capability that have arisen are resolved, using the agreed procedures where appropriate.

### **Handling Health Issues**

Where there is an incident that points to a problem with the practitioner's health, the incident may need to be investigated to determine a health problem. If the report recommends OHS involvement, the nominated manager must immediately refer the

practitioner to a qualified, usually a consultant, occupational physician with the Occupational Health Service.

The NCAS should be approached to offer advice on any situation and at any point where the employer is concerned about a doctor or dentist. Even apparently simple or early concerns should be referred as these are easier to deal with before they escalate.

The occupational physician should agree a course of action with the practitioner and send his/her recommendations to the Medical Director and a meeting should be convened with the Head of Human Resources, the Medical Director or case manager, the practitioner and case worker from the OHS to agree a timetable of action and rehabilitation (where appropriate). The practitioner may wish to bring a support companion to these meetings. This could be a family member, a colleague or a trade union or defence association representative. Confidentiality must be maintained by all parties at all times.

If a doctor or dentist's ill health makes them a danger to patients and they do not recognise that, or are not prepared to co-operate with measures to protect patients, then exclusion from work must be considered and the professional regulatory body must be informed, irrespective of whether or not they have retired on the grounds of ill health.

In those cases where there is impairment of performance solely due to ill health, disciplinary procedures would only be considered in the most exceptional of circumstances, for example if the individual concerned refuses to co-operate with the employer to resolve the underlying situation e.g. by repeatedly refusing a referral to the Occupational Health Service (OHS) or the NCAS. In these circumstances the procedures outlined in Section 1-8 should be followed.

There will be circumstances where an employee who is subject to disciplinary proceedings puts forward a case, on health grounds, that the proceedings should be delayed, modified or terminated. In such cases the employer is expected to refer the doctor or dentist to the OHS for assessment as soon as possible. Unreasonable refusal to accept a referral to, or to co-operate with, the OHS under these circumstances, may give separate grounds for pursuing disciplinary action.

Special Professional Panels (generally referred to as the "three wise men") were set up by District Health Authorities under circular HC(82)13. This responsibility was not transferred to Trust and the process has fallen into disuse in most parts of the country. This part of the framework replaces HC(82)13 which is cancelled and any existing panels should be disbanded.

## **11. EQUALITY IMPACT ANALYSIS**

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

## **12. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT**

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

## **13. INFORMATION GOVERNANCE ASSESSMENT**

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

## **14. SAFEGUARDING**

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

## **15. MONITORING**

The effective application of this policy / guideline, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

## **16. REVIEW**

This policy / guideline will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

## **17. REFERENCES**