Independent Doctors Federation

Responding to Concerns Policy v 1.9

20th October 2022

Recognised by

CHKS

Insight for better healthcare

Contents

Policy Statement

The Independent Doctors Federation (IDF) is an independent healthcare organisation with the stated aim of 'Promoting Excellence and Inclusion in the Independent Medical Sector'.

This policy details the actions that will be taken when the IDF has a concern about the professional conduct and/or clinical performance of an IDF member. It should be noted that the health of a practitioner can impact on performance.

This document follows the guidance and structure provided in the Revalidation Support Team publication *Supporting Doctors to Provide Safer Healthcare*, (March 2013) and draws on the National Clinical Assessment Service (NCAS) document *How to Conduct a Local Performance Investigation* (January 2010). It aims to ensure that patient safety is maintained while providing a supportive approach to the management of underperformance that can be remediated.

The purpose of this policy is to ensure that there is a robust, rigorous, clear, fair, consistent, non-discriminatory and lawful approach for handling concerns about IDF members, which adheres to relevant and appropriate national guidance and regulations regarding the identification, investigation, management and resolution of clinical underperformance, unprofessional conduct and/or doctor's health issues which put the safety of patients at risk. Whistle blowers will be protected by the provisions of The Public Interest Disclosure Act 1998.

Guiding Principles

Guiding principles for responding to a concern about a doctor's practice

- Patients must be protected
- All action must be based on reliable evidence
- The process must be clearly defined and open to scrutiny
- The process should demonstrate equality and fairness
- All information must be safeguarded
- Support must be provided to all those involved

Supporting Doctors to Provide Safer Healthcare, (NHS Revalidation Support Team, 2013 (revised))

Definition of Poor Performance

Failure to meet accepted standards of professional conduct and clinical performance in healthcare is not a common occurrence and can be manifested in diverse ways. For example, poor performance can be associated with an error or delay in diagnosis, use of

outmoded, inappropriate, unusual or non-validated tests or treatments which are outside accepted practice guidelines and standards, 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. In some cases there may be underlying ill-health problems contributing to a failure to perform to an acceptable standard. Adapted from Department of Health document *Supporting Doctors, Protecting Patients* (London 1999).

The IDF may be made aware of performance issues from various sources including but not limited to the annual appraisal process, IDF staff, a whistle blower, complaints, clinical governance processes or the GMC.

Statutory Duties of the Responsible Officer

The IDF has appointed a Responsible Officer (RO) in accordance with The Medical Profession (Responsible Officers) Regulations 2010 and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (the Regulations) who is accountable for;

- quality assurance of the appraisal and clinical governance systems in the IDF
- ensuring there are systems in place to enable communication flows between the IDF RO and ROs in other designated bodies
- managing any fitness to practise concerns raised about a connected member
- ensuring that a non-connected member's RO is informed of any concerns
- ensuring measures are taken to remediate any concerns about connected members as appropriate
- ensuring there are sufficient appropriately trained staff able to support them in their role

The IDF recognises and supports the concept that revalidation of doctors is a key component of a range of measures designed to improve the quality of patient care; it is the process by which the General Medical Council (GMC) confirms the continuation of a doctor's licence to practise in the UK. The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.

The IDF does not employ doctors nor does it provide or commission medical services, but it nevertheless has a duty to ensure that, as part of its governance, the requirements of the Regulations (Appendix A) are met because the IDF is a Designated Body, as is clearly stated in the statutory instrument.

The IDF does not have the power to restrict practice, suspend or withdraw practising privileges. The IDF will, therefore, rely more heavily than other Designated Bodies on a close working relationship with the appointed GMC Employer Liaison Advisor (ELA) and has an agreed schedule of meeting every four months.

Quality Assurance

An anonymised report will be compiled annually by the IDF RO for presentation to the IDF Board and policies will be reviewed internally on an annual basis, or more frequently, if required. Managing concerns data will be collected and will be used for identifying themes and producing prevention strategies. CHKS is quality assuring the IDF's Appraisal and Revalidation processes and this policy will be evaluated as part of the quality assurance process.

Equality and Diversity

The IDF welcomes the diversity of its members. Our aim is therefore to provide a safe environment where all members are treated fairly and equally and with dignity and respect.

This policy is consistent with the IDF Diversity, Inclusion and Belonging statement:

IDF strongly believes that the need for diversity, equity and inclusion is not an abstract concept but a term of value, depth and character. We want to ensure that the spirit of good practice around inclusion is manifested in our attitudes, aspirations and authority to do the right thing. The IDF is committed to the fact that all members should feel they belong in our organisation

The IDF is committed to implementing this policy in a way which promotes the fair and equal treatment of all members and eliminates discrimination on the grounds of race, disability, gender, gender reassignment, age, sexual orientation, religion or belief, marriage or civil partnership, pregnancy and maternity. It is the responsibility of all to ensure that they implement this policy in a manner that recognises and respects the diversity of the membership.

In addition, the IDF has a legal duty to make any reasonable adjustments to the way the revalidation process is undertaken, to ensure that a disabled member is not substantially disadvantaged. This should include exploring with the member any reasonable adjustments that may support their achieving a revalidation recommendation.

The IDF has conducted an Equality and Diversity Impact Assessment. The results of this are included in Appendix B. This is reviewed and re-assessed on an annual basis at a minimum.

Data Security

The IDF considers the security of the IDF website to be paramount. Industry standard 128 bit SSL encryption is used for all pages - this is the same technology used by banks to protect customer financial details from hackers. All member only documents are stored outside the

web accessible file system and streamed through an authentication provider to ensure only authorised access. In addition, a strong password policy is implemented to prevent guessing of passwords, passwords are stored one-way encrypted so even admins cannot view them, and an automatic lock-out system prevents repeat attempts at password hacking.

Roles and Responsibilities

IDF Doctors' responsibilities;

"All doctors have a duty to act when they believe patients' safety is at risk, or that patients' safety or dignity is being compromised" *Raising and acting on concerns about patient safety*, GMC March 2012.

Therefore, all IDF connected members have a binding personal responsibility to report directly to the IDF RO all information relating to their capability, conduct, health and fitness to practise. Such members must also disclose all information relating to their capability, conduct, health and fitness to practise to their appraiser in their appraisal document. Knowingly to withhold any such information will be treated as a probity issue.

The doctor should make their defence organisation and any other interested party aware of any agreed rehabilitation or remediation programme. The doctor should clearly understand the remediation/rehabilitation process they are engaging with, including who they are accountable to and who they should report to if they become aware that they are not making progress according to their agreed plan.

The doctor will be responsible for all external investigation and remediation costs. Should an investigation be necessary the doctor will enter into a contract with the external organisation providing the Case Investigator and separately with any remediation provider should this be necessary. The IDF will make no charge for the initial internal investigation[1].

Case Manager responsibilities;

The IDF RO will act as the Case Manager and is responsible for;

- ensuring that the investigation[2] is conducted efficiently
- documenting the initial internal investigation
- ensuring that confidentiality is maintained where appropriate
- ensuring that a trained Case Investigator is engaged where required
- agreeing the Terms of Reference of the investigation
- acting as the coordinator between the Case Investigator, the doctor and anyone who the investigator needs to interview

[1] 'Internal Investigation' refers to the process before the appointment of a Case Investigator
[2] 'Investigation' refers to the process conducted by the Case Investigator

- obtaining from the Case Investigator all information collected during the full investigation
- receiving the investigator's report
- securely storing all case records
- any action that might follow having regard to the contents of the Case Investigator's report.

The Case Manager will attend the relevant initial and update Case Manager training.

Case Investigator responsibilities;

For each investigation a relevant Case Investigator will be externally sourced from a provider such as the NHS England pool of trained Case Investigators, NCAS or Nina Murphy Associates. The Case Investigator will be responsible for asking the doctor for a response to the concerns raised, resolving any conflicts of evidence, determining the facts and producing a report which accurately captures all relevant details and findings. At the end of the investigation the Case Investigator will provide the Case Manager with all information collected during the course of the investigation. The Case Investigator also has a duty to maintain confidentiality and ensure that the investigation is documented.

The Case Investigator must be asked to confirm at the outset that there are no real or perceived conflicts of interest disqualifying them from doing the work in question.

When selecting a Case Investigator the Case Manager will ensure that they:

- have the necessary expertise to conduct the investigation
- understand the work context of the practitioner
- have time to complete the investigation and report in a reasonable timescale

The organisation from which the relevant Case Investigator is sourced will be responsible for their initial and update Case Investigator training and performance reviews.

IDF Appraiser's responsibilities;

Should any concern arise from an appraisal, the appraiser is required to share this with the IDF RO, in accordance with the process outlined in the IDF Medical Appraisal Policy. Where concerns have been raised through other channels regarding a connected member it will be at the IDF RO's discretion to notify the appraiser in advance of the next appraisal meeting and to request that an issue is discussed and documented should this be appropriate. Where the IDF RO is made aware of concerns relating to a non-connected member, the IDF RO will inform the doctor's RO.

IDF Appraisers are trained in line with the IDF Medical Appraisal Policy.

Establishing the Level of Concern

Procedure

Where any concern is raised about a member's capability, conduct, health and fitness to practise it must be brought to the attention of the IDF RO, whether directly by the doctor, their appraiser, via the IDF Administration Team (AT) or by any other means. The IDF will tackle concerns promptly ensuring the primacy of patient safety. Where a concern is raised concerning a non-connected member, this will be brought to the attention of and will involve communication with their RO.

Each concern raised may be different but will typically fall into one of two categories: questionable performance or standards, or personal behaviour likely to endanger patients or to bring the profession into disrepute. The IDF RO, with the assistance of the IDF AT, will gather information to clarify the concern having obtained informed consent from all parties involved in the concern as appropriate and the IDF RO will make an early decision whether the GMC should be involved, always making the safety of patients the prime concern. The IDF RO may enlist the help of colleagues or specialists, where guidance is required, keeping the identity of the doctor anonymous, and can also enlist the help of the GMC ELA.

Careful confidential records will be kept of issues brought to the IDF RO and their progress until completion; the doctor's comments will be noted and taken into account at all stages of the process. Investigation may not be appropriate in every case.

Before deciding whether a performance investigation is necessary the Case Manager will consider what other relevant information is available. This could include;

- clinical or administrative records
- significant events or complaints
- earlier statements or interviews with people with first-hand knowledge of the concern
- clinical audit or clinical governance data
- the views of appropriate professional advisors
- earlier occupational health reports

The objective is to determine whether an investigation would be likely to produce information which is not already available, not to begin the investigation process itself. The Case Manager will normally have a preliminary meeting with the doctor whose performance is causing concern to explain the situation, what might happen next and that they will be available to answer questions as the case progresses. The doctor's initial comments will be taken into account in evaluating what further action should be taken. The doctor will be offered the opportunity to be accompanied by a colleague, or union or defence society representative. A note will be taken and copied to the doctor as a record of the discussion and any case handling decisions.

Exceptionally, contact with the practitioner may have to be deferred if a counter fraud agency or the police advise that early meetings or early disclosure could compromise

subsequent investigations. But generally, the doctor's response will be helpful in deciding whether to carry out an investigation.

Investigation should be judged unnecessary where;

- the reported concern does not have a substantial basis or is comprehensively refuted by other available evidence
- there are clear and reasonable grounds to believe that the reported concerns are frivolous, malicious or vexatious. While very few complaints fall into this category it is important that those that are not genuine are identified as soon as possible to avoid distress to the doctor and waste of the IDF's time.

Even where there is evidence of concern, the decision may still be to dispense with investigation under the following circumstances:

- The doctor may agree that the concerns are well-founded and may agree to co-operate with required further action. However, if the issues raised are serious enough then the IDF may need to conduct an investigation. The action to be taken subsequently will then be decided in the normal manner.
- Confirmed or suspected ill-health may render an investigation inappropriate. However health problems may be part of a more complex presentation where an investigation could still be helpful, so ill-health does not, by itself, rule out investigation. Information on a doctor's health problems will remain confidential unless there are exceptional circumstances that require disclosure in the public interest.
- An investigation may also be judged unnecessary if the concerns are being investigated by another agency. An external investigation will not automatically preclude an investigation but there would have to be reasons for carrying out an investigation into different aspects of potentially the same concern. There will then be close liaison with the other agency to avoid one investigation being compromised by the other.

Where an initial meeting takes place between the Case Manager and the Doctor, a meeting note template can be found in Appendix C.

Investigation will usually be appropriate where case information gathered to date suggests that;

- the doctor poses a threat or potential threat to patient safety
- the doctor works outside acceptable practice guidelines and standards

In these situations a well undertaken investigation and report will probably help to clarify any action needed. Any investigation by the Case Investigator of concerns will be conducted as quickly as possible, and with fairness and proportionality throughout the process.

In deciding to go ahead with an investigation the Case Manager should have a clear view on the area(s) of performance that is of concern; what is to be included and what is to be excluded. This will form the basis of the investigation's terms of reference.

If the concern has been raised by a patient the Case Manager will provide as much information as possible to the patient about the processes that are undertaken to resolve the concern they have raised, whilst respecting the confidentiality of all concerned.

Throughout the process until final resolution, the doctor under investigation will be kept fully informed of progress. A bespoke electronic system has been built for collation and storing of all information and documents relating to concerns.

Please see Appendix D for a checklist for deciding whether an investigation is appropriate. The document 'Gauging the Level of Concern' found in Appendix E will be used by the Case Manager when assessing each concern.

Outcome

In summary, at the end of the internal investigation, the Case Manager will decide what action, if any, is required. If there is no GMC Fitness to Practise issue, after considering all of the facts of the case, the Case Manager will process the incident either by bringing it to a conclusion or by appointing a Case Investigator to conduct a full investigation. It may also be necessary for the Case Manager to refer the case to the doctor's GP or to involve the Police if this is applicable.

A flowchart giving an overview of the case management process can be found in Appendix F.

Terms of Reference

The Case Manger is responsible for approving the terms of reference before the investigation begins. The terms of reference should set report expectations and timescales and should be tight enough to prevent an unfocused general investigation of everything concerning the doctor. It may be appropriate to specify areas not to be investigated as well as the areas to be investigated. The purpose of the investigation will be to evaluate the doctor's performance against the guidelines set out in the GMC guidance 'Good Medical Practice'. Please see Appendix G for the suggested format for the terms of reference.

It may be that as an investigation progresses the terms of reference are found to be too narrow or that new issues emerge that warrant further investigation. In such cases the Case Investigator will inform the Case Manager to seek a widening of the terms. Such requests will be decided on promptly so that the investigation is not delayed. The doctor will be informed of any changes to the terms of reference unless, exceptionally, they are kept unaware of the investigation at all.

Appointing a Case Investigator

Where the need for a Case Investigator arises the IDF will externally source an investigator from a relevant provider such as the NHS England pool of trained Case Investigators, NCAS or Nina Murphy Associates. The Case Investigator appointed will have the necessary skills to undertake the investigation. The Case Manager will seek assurance from the appointed Case Investigator that they will collect and weigh the evidence and identify the facts of the case in accordance with the NCAS document How to Conduct a Local Performance Investigation (January 2010).

An investigation will begin with a planning meeting between the Case Manager and Case Investigator to determine as a minimum the following;

- what documents need to be seen
- who will be interviewed
- how to manage administration of the investigation
- means of communication with the doctor
- other logistical issues

Ideally the Case Investigator will aim to complete the investigation within four weeks of appointment and submit a report to the Case Manager within a further five days. In more complex cases it may not be possible to do this. The Case Manager will actively manage the process to ensure the investigation is completed within a reasonable timescale taking into account the circumstances of the individual case. If during the course of the investigation the Case Investigator has reason to believe that a voluntary restriction of practice would be appropriate this will be brought to the attention of the Case Manager immediately. A template letter to be sent to the doctor is found in Appendix H.

The Report

The Case Manager will receive the completed report from the Case Investigator. The report will be a self-contained document containing sufficient information to inform a subsequent decision on whether concerns are unfounded or confirmed, whether or not further action is required and, if so, the type of action to be taken. Wherever possible the report will exclude reference to identifiable individuals other than the doctor.

Circulation of the investigator's report will be limited to the doctor, Case Manager and IDF AT. The Case Manager may, at their discretion, consider whether it would be reasonable for the report subsequently to be seen by others. The report will remain confidential. Where disclosure to any other person or body is deemed appropriate, disclosure should be kept to the necessary minimum and limited to specified individuals or bodies who are themselves under a duty of confidentiality regarding the information.

At the conclusion of the investigation it is for the Case Manager to determine what further action, if any, is required. There are many potential options, ranging from taking no further action, arranging local counselling and mentoring, a formal remediation process or referral to the GMC. Once a decision has been reached the Case Manager will arrange to meet the doctor to explain the outcome of the investigation. The Case Manager and doctor will agree

a formal action plan, whether to address the identified concerns or to agree no further action is required.

Support and Intervention Options

Remediation

Remediation is ultimately the responsibility of the doctor who requires the service, and they will personally have to meet the costs involved. Where the Case Manager determines that remediation is necessary this will be achieved through an external remediation process.

A remediation action plan will be agreed in writing with the doctor. The plan will include SMART objectives and will be the subject of periodic review by the Case Manager. The action plan will detail the success criteria and key performance indicators specific to each case.

It should be recognised that having to undertake remediation is potentially stressful for a doctor and doctors in this situation should be offered appropriate support. The doctor will clearly understand the remediation process they are engaging with, including who they are accountable to and who they should report to if they become aware that they are not making sufficient progress according to their agreed plan.

Failure to evidence sufficient progress as agreed, lack of compliance or if remediation is completed yet unsuccessful will be handled by referral to the GMC ELA.

Appeals Process

The doctor can appeal against a decision within 25 days and the appeal will be heard in person by an Appeals Panel which will consist of;

1. President or President Elect
2. Medically qualified appraiser member of the Appraisal Committee
3. Managing Director

The Case Manager and the Revalidation Director will attend the Appeals Panel. The hearing will take place within 25 days of the appeal request and the Appeals Panel will deliver a decision within five days of the hearing.

The Appeals Panel's remit is to determine whether the correct procedures have been followed in arriving at the decision and the Case Manager has to demonstrate

- There was a fair and thorough investigation
- Sufficient evidence was presented to make a decision
- The decision was fair and reasonable, based on evidence

The decision of the Appeals Panel is final and binding.

Sources

The following documents have been used in drawing up this policy;

Revalidation Support Team publication *Supporting Doctors to Provide Safer Healthcare, March 2013.*
National Clinical Assessment Service (NCAS) document *How to Conduct a Local Performance Investigation, January 2010.*
Revalidation Support Team & NHS Leicester City document *Gauging the Level of Concern, March 2013.*
NHS North East Primary Care Services Agency document *Policy and Procedures for Assuring High Standards of Professional Performance of Contractors and Performers, April 2011.*
NHS England Framework for Management Performer Concerns, May 2018

Department of Health, *Maintaining High Professional Standards in the Modern NHS*

We would also like to acknowledge the Case Manager training the IDF RO attended in September 2013 delivered by NCAS and RST.

Appendix A - The Medical Profession (Responsible Officers) Regulations 2010

The responsibilities outlined in the RO regulations 11 and 13 are:

- to establish and implement procedures to investigate concerns about a medical practitioner's fitness to practise raised by patients or staff of the designated body or arising from any other source;
- to take all reasonably practicable steps to investigate concerns about a medical practitioner's fitness to practise raised by patients or staff of the body for whom the medical practitioner is the responsible officer, or arising from any other source;
- where appropriate, to refer concerns about the medical practitioner to the General Medical Council;
- where a medical practitioner is subject to conditions imposed by, or undertakings agreed with, the General Medical Council, to monitor compliance with those conditions or undertakings.

The responsibilities outlined in the RO regulations 16(4)(h) are:

- Requiring the medical practitioner to undergo training or retraining;
- Offering rehabilitation services;
- Providing opportunities to increase the medical practitioner's work experience;
- Addressing any systemic issues within the designated body which may have contributed to the concerns identified.

Appendix B - Equality Impact Assessment Tool

Each question has been considered with reference to possible discrimination on the grounds of:

- Age
- Race
- Sex
- Gender Re-assignment Status
- Disability
- Sexual Orientation
- Religion or Belief
- Marriage or Civil Partnership
- Pregnancy and Maternity

DOCUMENT:	**Independent Doctors Federation Responding to Concerns Policy**	DATE OF REVIEW	**20th October 2022**

QUESTION	**RESPONSE**
What is the purpose of the proposed policy (or changes to a policy)?	To provide a process for the identification and management of performance concerns for IDF members.
What is the proposed policy intended to achieve and why?	To provide clarity around roles and responsibilities and procedures to be followed for the benefit of all involved.
Who is intended to benefit from the proposed policy, and how?	IDF members, patients. Members have a transparent process to follow. Patients are assured that concerns will be taken seriously.
Is responsibility for the proposed policy shared with another department or authority or organisation? If so, what responsibility, and which bodies?	No

QUESTION	RESPONSE
Will the proposed policy involve, or have consequences for IDF members and their patients?	The application of this policy could lead to disruption of services, which the IDF would aim to minimise. Generally, the policy is aimed at improving the health and healthcare provided by IDF members. The consequences are related to the application of legal requirements or upholding professional codes of conduct to ensure patient safety and service quality.
Could these consequences differ because of a person's particular needs, experiences or priorities?	This policy has been developed to provide a consistent approach to dealing with performance concerns.
Is there any evidence that any part of the proposed policy could discriminate unlawfully, directly or indirectly, against any section of the population?	No. The policy and procedure is to be applied consistently across all IDF members.
Is there any evidence that any particular groups of people may have different expectations of the policy in question?	None has been identified at this stage.
Is the proposed policy likely to damage relations between IDF members and the IDF?	No. The policy is based on national and best practice guidelines. There should be no damage to relations between parties involved provided it is applied fairly and consistently.

OUTCOME: (tick appropriate box)		
Potential for discrimination is very low or non-existent.	✔	Proceed with ratification process
Potential for discrimination exists.		Convene Policy Development Group
There is doubt about the potential for discrimination		Take advice from one or more of: Higher Level RO IDF Lawyers

Appendix C - Template meeting note

Section A: To be completed in all cases

Note of meeting regarding the performance of [doctor] held on [date]

PRESENT: [ ]

The circumstances of the concern were summarised by [the Case Manager].

The following information had come to the IDF's attention, suggesting that [doctor] might be performing below an acceptable standard in relation to [specified aspects of performance]:

- Information from patients/carers [summarised, anonymised]
- Information from management monitoring sources [summarised]
- Information from colleagues/staff [summarised, anonymised]
- Other information [summarised, anonymised]

Section B: To be completed when Case Investigation is deemed unnecessary

[Case Manager] advised that there were no immediate reasons for thinking that patient safety was at risk. Also, [doctor] was aware of the IDF's concerns and had indicated a willingness to undergo a remedial training programme on [aspect of performance] should this be considered necessary as a result of the initial investigation.

Remedial training arrangements, if any, have still to be established.

It was agreed that no immediate action is needed to protect patient safety and that (please delete as applicable):

1. The concerns are already clearly enough understood and no action is required.
2. The concerns are already clearly enough understood for action to be taken
3. Provided remedial training can be put in place further investigation is unnecessary at this time. This will be taken forward by [Case Manager].
4. The case should be reviewed after [ ] months.

Section C: To be completed when Case Investigation is deemed necessary

Please delete as necessary;

1. [Case Manager] advised that there were reasons for thinking there was a threat or potential threat to patient safety.
2. [Doctor] was aware of the IDF's concerns and had indicated a willingness to undergo a remedial training programme on [aspect of performance] should this be considered necessary as a result of the investigation.

3. [Doctor] was unwilling to accept the IDF's concerns and was unwilling to undergo a remedial training programme on [aspect of performance] should this be considered necessary as a result of the investigation.

Remedial training arrangements, if any, have still to be established.

Free text section for use by both the Case Manager and the Doctor:

Signed as a correct record by [Case Manager & Doctor]

Date

Appendix D - Checklist for deciding whether an investigation is appropriate

Action	Responsibility	Date
Concern identified and referred to Responsible Officer	Anyone	
Doctor normally notified of concern	Case Manager	
Written confirmation sent to doctor	Case Manager	
First meeting with doctor	Case Manager	
Anonymous speciality or issue specific guidance sought from colleagues (if applicable)	Case Manager	
Additional information assembled	Case Manager	
Decision made on whether to investigate	Case Manager	

Appendix E - Gauging the Level of Concern

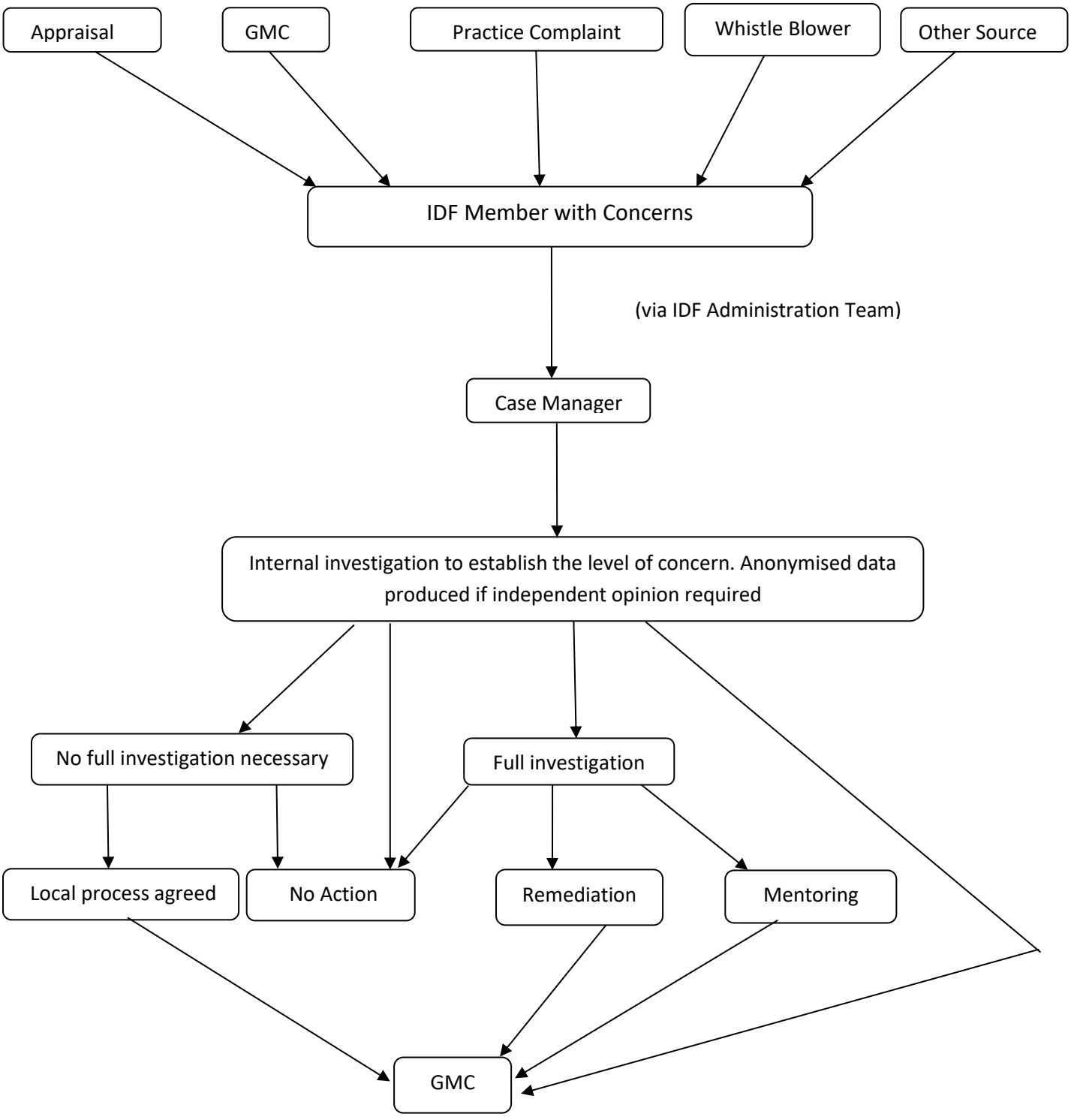
Adapted from *Gauging the level of concern NHS Revalidation Support Team & NHS Leicester City, March 2013*

Key:	Low-level indicators	Moderate-level indicators	High-level indicators
What degree of interruption to service occurred?	No interruption to practice		Significant incident which interrupts the routine delivery of accepted service (as defined by *Good Medical Practice)* to one or more persons
How likely is the problem to recur?	Low likelihood of recurrence	Moderate to high likelihood of recurrence	High to certain likelihood of recurrence
How significant would a recurrence be?	Any recurrence will have an insignificant impact	Any recurrence will have a moderate impact (for clinical concerns; where harm has resulted as a direct consequence and will have affected the natural course of planned treatment or natural course of illness and is likely or certain to have resulted in moderate but not permanent harm)	Any recurrence will have a high impact (for clinical concerns; where severe/permanent harm may result as a direct consequence and will affect the natural course of planned treatment or natural course of illness such a permanent lessening of function, including non-repairable surgery or brain
How much harm occurred? (clinical or otherwise)	No harm to patients or staff and the doctor is not vulnerable or at any personal risk No requirement for treatment beyond that already planned	Potential for harm to staff or the doctor is at personal risk A member of staff has raised concerns about an individual which requires discussion and an action plan	Harm occurred to patients, staff or the doctor

Key:	Low-level indicators	Moderate-level indicators	High-level indicators
What reputational risks exist?	Organisational or professional reputation is not at stake but the concern needs to be addressed by discussion with the practitioner	Organisational or professional reputation may be at stake	Organisational or professional reputation is at stake
Does the concern impact on more than one area of *Good Medical Practice (GMP)?*	Concern will be confined to a single domain of GMP May include one of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action	Concern affects more than one domain of GMP May include one of following: clinical incidents, complaints, poor outcome data which requires discussion and perhaps action	Concern affects more than one domain of GMP May include a significant event or complaint requiring a formal investigation. This includes criminal acts and referrals to the GMC
How much intervention is likely to be required?	Remediation is likely to be achieved with peer support The individual doctor has no other involvement in incidents and has no outstanding or unaddressed complaints/concerns The remediation plan should take no longer than four weeks to address	Remediation is likely only to be achieved through specialist support The remediation plan should take no longer than three months to address	Remediation will only be achieved through specialist support The remediation plan will take upwards of three months to address and may include a planned period of supervised practice

*Please note that escalation or de-escalation of concerns can occur from one level to another due to the presence or lack of insight, engagement, compliance and reporting from supervising specialist.

Appendix F - IDF Responding to Concerns overview for IDF Connected Members



Appendix G - Terms of reference for an investigation

An investigation is commissioned into the performance of [doctor's name], working as a [doctor's job title] for [organisation's name], at [workplace address].
The matters to be investigated are [ ].
The following matters are excluded from the investigation [ ].
It is expected that the investigation will be completed by [date] and that a report will be submitted to [Case Manager] by [date].
The report should detail the investigation's findings of fact and include a commentary on how the performance of [doctor's name] compares with that expected from a practitioner working in similar circumstances.

Appendix H - Voluntary restriction of practice

Dear [Doctor]

I am writing to confirm your undertaking today that with immediate effect and until further notice you will not provide any form of care to [specified patients], either at [normal workplace address] or at any other workplace.

You accepted that this is a formal undertaking and that if you breach the undertaking it would constitute professional misconduct and it would be appropriate for IDF to refer the breach to GMC.

You will now have had opportunity to discuss this undertaking with [your defence society]. If you are still in agreement please confirm this by sending me the enclosed copy of this letter, signed and dated. If we do not receive this by [date] we will take formal action to protect patients.

Your undertaking will remain in force until our current investigation is complete. We will review it as part of the process of deciding the action to be taken (if any) in the light of the investigation's findings.

Yours sincerely

[Case Manager]

Appendix I – Support for Doctors

The IDF has offered support to its members since its inception and networking, and the resulting collegiate support this brings, remains a fundamental part of the IDF's ethos.

In addition, the IDF has a role in signposting members to confidential support for doctors and details can be found when logged in to the IDF website.